

Form: "2011 Annual Report"

2011 ANNUAL REPORT

The purpose of an annual report is to provide ACHENA with updated information and related documents in order to assess an institution or program's compliance with the most current version of the ACHENA Standards of Accreditation, Policies, and Procedures during the designated reporting year. A separate Annual Report must be prepared and submitted for the main campus and each branch campus accredited by ACHENA or offering an ACHENA accredited program. Each auxiliary classroom's information should be included in the Annual Report submitted for the main campus or branch campus that is associated with the auxiliary classroom. The annual report is to be submitted with the audited financial statements and must be received no later than six months following the close of the institution's fiscal year. The enrollment information to be reported should be for the calendar year January 1-December 31, 2011; the financial information should correspond to your fiscal year.

Within thirty (30) days of the submission, the ACHENA staff will contact the school if additional information is needed. The Commission may request additional evidence regarding a school's compliance with accrediting standards based on the information provided in your report. The Commission makes the final decision regarding the acceptance of your annual report and you will be notified accordingly.

Please submit the report in electronic format to info@achena.org.

Institution/Program Data

*Name of Institution

*Campus Type

*Address

*City

*State/Province

*Zip

*Phone

*Fax

*Website

*Person Reporting

Name

Title

-
- ✳️ **Name of the person to whom ACHENA correspondences should be directed:**
 - ✳️ **Title of the person to whom ACHENA correspondences should be directed:**
 - ✳️ **Email for the person to whom ACHENA correspondences should be directed:**
 - ✳️ **Please indicate institutional accreditation or programmatic accreditation:**
 - ✳️ **If programmatic, please indicate the programs included in the grant of accreditation:**

Financial Information

The following information pertains to your most recently completed fiscal year and should coincide with the submitted financial statements.

✳️ **Fiscal Year Ending Date:**

✳️ **Title IV Eligible?**

✳️ **If yes, is ACHENA your school's gatekeeper for Title IV Funding?**

✳️ **If yes, OPE number:**

✳️ **If ACHENA is your Institutional Accreditor, provide the following information:**

**Gross Revenue for previously report
fiscal year**

**Gross Revenue for recently completed
fiscal year**

✳️ **Percent increase/decrease**

✳️ **Provide an explanation for any deviation from prior year by +/- 20% or greater, submit additional information if necessary:**

✳️ **If ACHENA is your Institutional Accreditor, provide the following information:**

**Current Assets for recently completed
fiscal year**

**Current Liabilities for recently
completed fiscal year**

✳️ **Ratio of Current Assets to Current Liabilities**

*** Provide an explanation for any ratio that is below a 1:1, submit additional information if necessary:**

Enrollment Information - Program 1

Complete the following information for each program included in your ACHENA grant of accreditation (institutional and programmatic accreditation).

*** Program Name:**

*** Hours/Credits**

Total Clock Hours:

Total Quarter/Semester Credits:

*** Courses delivered via distance education:**

*** Active student population at beginning of calendar year:**

*** Student enrollment (starts) during the calendar year:**

*** Students who graduated during the calendar year:**

*** Students who withdrew or were dismissed during the calendar year:**

*** Active student population at the end of the calendar year:**

*** Provide an explanation for any deviation from prior year active population by 20% or greater:**

Enrollment Information - Program 2

Complete the following information for each program included in your ACHENA grant of accreditation (institutional and programmatic accreditation).

*** Program Name:**

*** Hours/Credits**

Total Clock Hours:

Total Quarter/Semester Credits:

*** Courses delivered via distance education:**

*** Active student population at beginning of calendar year:**

*** Student enrollment (starts) during the calendar year:**

*** Students who graduated during the calendar year:**

*Students who withdrew or were dismissed during the calendar year:

*Active student population at the end of the calendar year:

*Provide an explanation for any deviation from prior year active population by 20% or greater:

Enrollment Information - Program 3

Complete the following information for each program included in your ACHENA grant of accreditation (institutional and programmatic accreditation).

*Program Name:

*Hours/Credits

Total Clock Hours:

Total Quarter/Semester Credits:

*Courses delivered via distance education:

*Active student population at beginning of calendar year:

*Student enrollment (starts) during the calendar year:

*Students who graduated during the calendar year:

*Students who withdrew or were dismissed during the calendar year:

*Active student population at the end of the calendar year:

*Provide an explanation for any deviation from prior year active population by 20% or greater:

NOTE: If your institution has more than 3 programs, please contact ACHENA for assistance.

General Information

Please respond to the following questions and provide additional information, if required. The answers should apply to the calendar year January 1-December 31, 2011.

*1) Describe any changes made to the Mission Statement for the institution or the program(s):

*2) Provide a description of any changes made to the curriculum (program and/or curriculum additions/modifications/deletions, change in instructional delivery

method, etc.). If changes were made that required ACHENA approval, provide the date(s) that ACHENA approved them:

✳3) Indicate the number of new faculty members that were hired during the reporting year and provide a brief description of the method used to ensure all faculty members meet the ACHENA standards and a brief description of the instructor training provided:

✳4) Provide a summary of any changes made to the physical facility, classroom equipment, instructor resources, teaching materials, library resources, etc:

✳5) Provide a summary of any significant changes made to the advertising methods used by the institution or the program, include any changes made to the admissions criteria:

✳6) Provide a description of any changes made to the student catalog or student handbook. Include any major changes to policies and procedures that impact the students:

✳7) Provide a description of any significant changes made to the student services, career services or student support provided to the students and the reason for the changes made to these services:

✳8) Provide a summary of any federal, state licensing or other government review/audit conducted during the reporting period. Include any formal complaints, legal actions or judgments filed and the outcome:

✳9) Provide a summary of any significant management/leadership changes or organizational changes made during the reporting period. Also include any significant changes made in the ownership or corporate structure:

REQUIRED ATTACHMENTS TO THE ANNUAL REPORT FORM

- Copy of Most Recent Year-End Financial Statements*
- Most Recent Budget**
- Signed copy of Statement of Financial Affirmation (Appendix D.15b)
- Sustaining fee for each location, payable to ACHENA (due March 1st). The ACHENA office will submit an invoice upon receipt of financial statements. **A late fee of \$300.00 is assessed for any report, document, or fee received after the due date.**
- Title IV Information (as applicable)*:
 - Is the school receiving Title IV funding? ___ yes ___ no

— If not, does your institution intend to apply for Title IV or any other government-sponsored student loan program? ___ yes ___ no

**required of institutionally accredited institutions*

*** Not required if year-end financial statements are submitted*

I hereby attest to the accuracy and completeness of this document and of all attached materials. I certify that the institution/program has abided by the ACHENA Standards of Accreditation, Policies, and Procedures during the prior year.

Authorized Signature: _____ **Title:**

Printed/Typed Name: _____ **Date:**
