**Annual Report for Institutions Holding a Recurrent Authorization to Operate in Nebraska**

(to be provided annually from the date of the recurrent authorization)

**Name of Institution** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Nebraska address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Data** (for Nebraska location only)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Program Name** | **Degree/****Award** | **# Currently Enrolled1** | **# Graduated/ Completed 2** | **Total Campus Enrollment 1:** |
|  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**1**Use the most recent count available and list the date the count was taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2**Provide the totalnumber of students who have completed the program in the last calendar year and list the specific time period covered (e.g., spring, summer, and fall semesters 2018; spring, summer, fall, and winter terms 2018; May 2018, August 2018, October 2018, December 2018, March 2019): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Institutional Information**

Provide below (or attach) any action taken by an accrediting body (institutional and/or programmatic) within the past calendar year or any action required by or for an accrediting body taken by the institution (a report that was previously required and submitted in the past year; new application for program approval, etc.)

**Contact Information**

Person completing the report:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_