

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 Enrolled ¹	# Graduated/ Completed ²	Total Campus Enrollment ¹ :

¹Use the most recent count available and list the date the count was taken: _____

²Provide the total number 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 2016; spring, summer, fall, and winter terms 2016; May 2016, August 2016, October 2016, December 2016, March 2017): _____

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: _____