

**Data Form for Candidacy Visit**

Purpose

The purpose of the Data Form for Candidacy Visit is to give peer reviewers a snapshot of the institution’s overall scope and nature of operations during the specified time frame preceding the comprehensive evaluation for Candidacy visit. Teams have indicated that this information is helpful to them in gaining a quick understanding of the institution. The information on this form may be supplemented with additional information such as copies of IPEDS reports or internal or annual reports that contain much of the data.

Institutions should familiarize themselves with [HLC’s Glossary](https://www.hlcommission.org/General/glossary.html). Many terms in this document are defined in the Glossary.

If any of the requested information cannot be provided without significant expenditure of money and/or staff time, the institution should be prepared to explain to the team why the institution has chosen not to provide the data.

*Instructions*Upload the completed form to the Forms tab in the Assurance System prior to the institution’s lock date.

1. Institution Information

Institution name:

Street address:

City:

State:

ZIP code:

Main phone number:

Fax:

Website:

Institution incorporated:

Yes

No

Incorporation state:

Enabling or authorizing legislation for the institution (if applicable):

Institution ownership:

2. Contact Information

For each position, include the name, title, address, phone number, and email address.

**Accreditation Liaison Officer**

Prefix (Dr., Mr., Ms., etc.):

Full name:

Title:

Address (street, city, state, ZIP code):

Phone number (include extension):

Email address:      

**Chief Academic Officer**

Prefix (Dr., Mr., Ms., etc.):

Full name:

Title:

Address (street, city, state, ZIP code):

Phone number (include extension):

Email address:      

**Chief Executive Officer**

Prefix (Dr., Mr., Ms., etc.):

Full name:

Title:

Address (street, city, state, ZIP code):

Phone number (include extension):

Email address:      

**Chief Financial Officer**

Prefix (Dr., Mr., Ms., etc.):

Full name:

Title:

Address (street, city, state, ZIP code):

Phone number (include extension):

Email address:      

**Data Update Coordinator**

Prefix (Dr., Mr., Ms., etc.):

Full name:

Title:

Address (street, city, state, ZIP code):

Phone number (include extension):

Email address:

3. Accrediting Agencies

If the institution has been placed on sanction or probation or has been subject to an adverse action (including denial or withdrawal of accreditation) by another accrediting agency that is recognized by the U.S. Department of Education and/or Council of Higher Education Accreditation (CHEA) in the last five years, provide details about the action here. Include the name of each accrediting agency, the institution’s status with the agency and, if applicable, the effective date of that status. If the institution is no longer accredited by the agency, include the effective end date of its relationship with the agency. Attach a copy of the most recent action letter from each accrediting agency to this form.

4. Academic Calendar

Indicate the institution’s academic calendar.

Semester

Trimester

Quarter

Four-One-Four (4-1-4) Plan

Modular

Continuous

Other:

5. Branch Campuses and Additional Locations

Indicate any branch campus or additional location of the institution. Provide the full address and programs (certificate, diploma and degree) offered at each.

6. Programs Offered

A. Indicate the number of degree, certificate and diploma programs offered overall.

Associate’s degree programs:

Bachelor’s degree programs:

Master’s degree programs:

Specialist degree programs:

Doctoral degree programs:

Certificate and diploma programs:

B. List each degree, certificate and diploma program offered.

C. Indicate the number of degrees, certificates and diplomas awarded for the past two academic years.

**Degrees**

| **Degree Type** | **Academic Year 1:** | **Academic Year 2:** |
| --- | --- | --- |
| Associate’s Degrees Awarded: |  |  |
| Bachelor’s Degrees Awarded: |  |  |
| Master’s Degrees Awarded: |  |  |
| Specialist’s Degrees Awarded: |  |  |
| Doctoral Degrees Awarded: |  |  |

**Certificates and Diplomas**

| **Certificate/Diploma Type** | **Academic Year 1:** | **Academic Year 2:** |
| --- | --- | --- |
| Total Certificates/Diplomas Awarded: |  |  |
| Graduate Certificates/Diplomas Awarded: |  |  |
| Undergraduate Certificates/Diplomas Awarded: |  |  |

Of the undergraduate certificates and diplomas listed above, how many were NOT part of an existing degree program?

Academic Year 1 (     ):

Academic Year 2 (     ):

7. Distance Education and Correspondence Education

List any programs (degree, diploma and certificate) offered by distance education or correspondence education.

8. Contractual Arrangements

List any contractual arrangements and partners involved in delivering an academic program.

10. Student Demography Head Counts

A. **Student Head Counts by Level.** Provide the following student head counts for the past two IPEDS fall reporting dates.

| **Level** | **Year 1:** | **Year 2:** |
| --- | --- | --- |
| Full-time Undergraduate: |  |  |
| Part-time Undergraduate: |  |  |
| Full-time Graduate: |  |  |
| Part-time Graduate: |  |  |

B. **Student Head Counts by Category.** Provide the following student head counts for the past two IPEDS fall reporting dates. Include both full-time and part-time students.

| **Category** | **Year 1:** | **Year 2:** |
| --- | --- | --- |
| Certificate-Seeking Undergraduate: |  |  |
| Degree-Seeking Undergraduate: |  |  |
| Post-baccalaureate Certificate-Seeking: |  |  |
| Post-baccalaureate Degree-Seeking: |  |  |
| Non-degree-seeking: |  |  |

11. Student Recruitment and Admissions

A. Provide the number of applications, acceptances and matriculations for the past two academic years for each of the following categories of entering students:

**Freshman**

| **Category** | **Academic Year 1:** | **Academic Year 2:** |
| --- | --- | --- |
| Applications |  |  |
| Acceptances |  |  |
| Matriculations |  |  |

**Undergraduate Transfer**

| **Category** | **Academic Year 1:** | **Academic Year 2:** |
| --- | --- | --- |
| Applications |  |  |
| Acceptances |  |  |
| Matriculations |  |  |

**Graduate/Professional**

| **Category** | **Academic Year 1:** | **Academic Year 2:** |
| --- | --- | --- |
| Applications |  |  |
| Acceptances |  |  |
| Matriculations |  |  |

B. If the institution requires standardized test scores as a condition of admission, what instrument(s) are required and what is the mean score of students accepted for each?

12. Financial Assistance for Students

A. What percentages of undergraduate and graduate/professional students applied for any type of financial assistance during the past two academic years?

| **Student Type** | **Academic Year 1:** | **Academic Year 2:** |
| --- | --- | --- |
| Percentage of Undergraduate Students: |  |  |
| Percentage of Graduate/Professional Students: |  |  |

B. During the past two academic years, how many undergraduate students and graduate/professional students received financial assistance of any type? What percentage is this of total enrollment at that level? What percentages of total enrollment received assistance in each of the categories listed below?

**Undergraduate Students**

|  | **Academic Year 1:** | **Academic Year 2:** |
| --- | --- | --- |
| Number receiving assistance: |  |  |
| Percentage of total undergraduate enrollment receiving assistance: |  |  |

**Graduate/Professional Students**

|  | **Academic Year 1:** | **Academic Year 2:** |
| --- | --- | --- |
| Number receiving assistance: |  |  |
| Percentage of total graduate/professional enrollment receiving assistance: |  |  |

**Percent of total enrollment receiving:**

| **Type of Assistance** | **Academic Year 1:** | **Academic Year 2:** |
| --- | --- | --- |
| Loans: |  |  |
| Work-study: |  |  |
| Academic-based merit-based scholarships: |  |  |
| Other scholarships/grants: |  |  |

C. Using the formula cited below, what was the *tuition discount rate* (TDR) for undergraduate and graduate student populations during the past two academic years?If this rate cannot be separated for these two categories, note that and simply report aggregate figures.

**Formula** TDR = I/(I+P) x 100

**Variables** TDR: Percent of total institutional financial aid dollars as a proportion of income that would result   
 from all students paying full tuition  
  
 I: Institutional financial aid dollars awarded for tuition  
  
 P: Payments of tuition expected of students and their external aid

|  |  |  |
| --- | --- | --- |
|  | **Academic Year 1:** | **Academic Year 2:** |
| TDR for undergraduate students |  |  |
| TDR for graduate students |  |  |
| Aggregate TDR (if needed) |  |  |

13. Student Retention and Program Productivity

A. What percentage of full- and part-time undergraduate and graduate students in the previous year returned for study the following year? Provide information for the last two academic years.

**Full-time Undergraduate Students**

|  | **Academic Year 1:** | **Academic Year 2:** |
| --- | --- | --- |
| Number entering (NE): |  |  |
| Number returning (NR): |  |  |
| NR/NE as a percentage: |  |  |

**Part-time Undergraduate Students**

|  | **Academic Year 1:** | **Academic Year 2:** |
| --- | --- | --- |
| Number entering (NE): |  |  |
| Number returning (NR): |  |  |
| NR/NE as a percentage: |  |  |

**Full-time Graduate Students**

|  | **Academic Year 1:** | **Academic Year 2:** |
| --- | --- | --- |
| Number entering (NE): |  |  |
| Number returning (NR): |  |  |
| NR/NE as a percentage: |  |  |

**Part-time Graduate Students**

|  | **Academic Year 1:** | **Academic Year 2:** |
| --- | --- | --- |
| Number entering (NE): |  |  |
| Number returning (NR): |  |  |
| NR/NE as a percentage: |  |  |

B. If applicable, report the number of graduates in the previous academic year by college/program in keeping with standard [Classification of Instructional Programs (CIP) codes](https://nces.ed.gov/ipeds/cipcode/Default.aspx?y=55).

C. If applicable, list the separate pass rates of undergraduate and graduate/professional students sitting for licensure examinations in the previous academic year as appropriate. List the pass rates by discipline and by name of test.

14. Institutional Head Count

A. Indicate the head counts of faculty, administration and staff members for the last two academic years.

| **Category** | **Academic Year 1:** | **Academic Year 2:** |
| --- | --- | --- |
| Full-time Faculty: |  |  |
| Part-time Faculty: |  |  |
| Full-time Administration: |  |  |
| Part-time Administration: |  |  |
| Full-time Staff: |  |  |
| Part-time Staff: |  |  |

B. Provide the student-to-faculty ratio for the past two academic years. Use HLC’s [faculty-to-student ratio worksheet](https://download.hlcommission.org/CandidacyVisitFacultyRatio_FRM.xlsx) to calculate these values, using the worksheet tab that applies to the institution’s academic offerings. Institutions offering only graduate programs may skip this question. (The institution is not required to submit the completed worksheet. Simply report the calculated ratios here.)

Academic Year 1 (     ):

Academic Year 2 (     ):

C. Report the number of faculty by college/program (full-time and part-time together) in keeping with standard [Classification of Instructional Programs (CIP) codes](https://nces.ed.gov/ipeds/cipcode/Default.aspx?y=55).

15. Availability of Instructional Resources and Information Technology

Provide an explanation of the technology resources dedicated to supporting student learning (library sites, residence hall hookups, internet cafes, etc.) and explain how the level of their usage is monitored.

16. Financial Data

Complete the section below that applies to the institution’s corporate control type (public, private not-for-profit or private for-profit). Provide data from the institution’s audits for the past two completed fiscal years. Use HLC’s [Composite Financial Index worksheet](https://download.hlcommission.org/FinancialDataWorksheets_FRM.xlsx) to calculate this index. (The institution is not required to submit the completed worksheet. Simply report the calculated indexes here.)

**A. Public Institution**Public institutions will be required to submit financial data in two sections. In the first section, institutions will be asked to submit data directly from their audited financial statements, which will include the impact of GASB 68 and GASB 75. (GASB 68 and GASB 75 are Statements on Accounting and Financial Reporting for Pensions issued by the Governmental Accounting Standards Board.) For the second section, institutions are asked to submit data adjusted to exclude the impact of GASB 68 and GASB 75.  
  
Guidelines and illustrations regarding the financial ratios for public institutions are found in “Strategic Financial Analysis for Higher Education, 7th ed.”

**1. Financial Data Including the Impact of GASB and GASB 75**

Primary Reserve Ratio Calculation

|  | **Fiscal Year 1:** | **Fiscal Year 2:** |
| --- | --- | --- |
| Institution unrestricted net assets: |  |  |
| Institution expendable restricted net assets: |  |  |
| Component Unit (C.U.) unrestricted net assets: |  |  |
| C.U. temporary restricted net assets: |  |  |
| C.U. net investment in plant: |  |  |
| Numerator total: |  |  |
| Institution operating expenses: |  |  |
| Institution nonoperating expenses: |  |  |
| C.U. total expenses: |  |  |
| Denominator total: |  |  |
| Primary reserve ratio: |  |  |
| Primary reserve strength: |  |  |
| Primary reserve weight: |  |  |
| Primary reserve CFI: |  |  |

Net Operating Revenue Ratio Calculation

|  | **Fiscal Year 1:** | **Fiscal Year 2:** |
| --- | --- | --- |
| Institution operating income (loss): |  |  |
| Institution net nonoperating revenues: |  |  |
| C.U. change in unrestricted net assets: |  |  |
| Numerator total: |  |  |
| Institution operating revenues: |  |  |
| Institution nonoperating revenues: |  |  |
| C.U. total unrestricted revenues: |  |  |
| Denominator total: |  |  |
| Net operating revenue ratio: |  |  |
| Net operating revenue strength: |  |  |
| Net operating revenue weight: |  |  |
| Net operating revenue CFI: |  |  |

Return on Net Assets Ratio Calculation

|  | **Fiscal Year 1:** | **Fiscal Year 2:** |
| --- | --- | --- |
| Change in net assets plus C.U. change in net assets: |  |  |
| Divided by total net assets plus C.U. total net assets (beginning of year): |  |  |
| Return on net assets ratio: |  |  |
| Return on net assets strength: |  |  |
| Return on net assets weight: |  |  |
| Return on net assets CFI: |  |  |

Viability Ratio Calculation

|  | **Fiscal Year 1:** | **Fiscal Year 2:** |
| --- | --- | --- |
| Numerator - expendable net assets (from Primary Reserve Numerator): |  |  |
| Institution long-term debt (total project-related debt): |  |  |
| C.U. long-term debt (total project-related debt): |  |  |
| Denominator - total long-term + C.U. debt (total project-related debt): |  |  |
| Viability ratio: |  |  |
| Viability strength: |  |  |
| Viability weight: |  |  |
| Viability CFI (p. 115): |  |  |

Total Composite Financial Indicator Score

|  | **Fiscal Year 1:** | **Fiscal Year 2:** |
| --- | --- | --- |
| Total Composite Financial Indicator Score: |  |  |
| Comments: |  |  |

**2. Financial Data Excluding the Impact of GASB and GASB 75**

Primary Reserve Ratio Calculation

|  | **Fiscal Year 1:** | **Fiscal Year 2:** |
| --- | --- | --- |
| Institution unrestricted net assets: |  |  |
| Institution expendable restricted net assets: |  |  |
| Component Unit (C.U.) unrestricted net assets: |  |  |
| C.U. temporary restricted net assets: |  |  |
| C.U. net investment in plant: |  |  |
| Numerator total: |  |  |
| Institution operating expenses: |  |  |
| Institution nonoperating expenses: |  |  |
| C.U. total expenses: |  |  |
| Denominator total: |  |  |
| Primary reserve ratio: |  |  |
| Primary reserve strength: |  |  |
| Primary reserve weight: |  |  |
| Primary reserve CFI: |  |  |

Net Operating Revenue Ratio Calculation

|  | **Fiscal Year 1:** | **Fiscal Year 2:** |
| --- | --- | --- |
| Institution operating income (loss): |  |  |
| Institution net nonoperating revenues: |  |  |
| C.U. change in unrestricted net assets: |  |  |
| Numerator total: |  |  |
| Institution operating revenues: |  |  |
| Institution nonoperating revenues: |  |  |
| C.U. total unrestricted revenues: |  |  |
| Denominator total: |  |  |
| Net operating revenue ratio: |  |  |
| Net operating revenue strength: |  |  |
| Net operating revenue weight: |  |  |
| Net operating revenue CFI: |  |  |

Return on Net Assets Ratio Calculation

|  | **Fiscal Year 1:** | **Fiscal Year 2:** |
| --- | --- | --- |
| Change in net assets plus C.U. change in net assets: |  |  |
| Divided by total net assets plus C.U. total net assets (beginning of year): |  |  |
| Return on net assets ratio: |  |  |
| Return on net assets strength: |  |  |
| Return on net assets weight: |  |  |
| Return on net assets CFI: |  |  |

Viability Ratio Calculation

|  | **Fiscal Year 1:** | **Fiscal Year 2:** |
| --- | --- | --- |
| Numerator - expendable net assets (from Primary Reserve Numerator): |  |  |
| Institution long-term debt (total project-related debt): |  |  |
| C.U. long-term debt (total project-related debt): |  |  |
| Denominator - total long-term + C.U. debt (total project-related debt): |  |  |
| Viability ratio: |  |  |
| Viability strength: |  |  |
| Viability weight: |  |  |
| Viability CFI (p. 115): |  |  |

Total Composite Financial Indicator Score

|  | **Fiscal Year 1:** | **Fiscal Year 2:** |
| --- | --- | --- |
| Total Composite Financial Indicator Score: |  |  |
| Comments: |  |  |

**B. Private, Not-For-Profit Institution**Guidelines and illustrations regarding the financial ratios for private, not-for-profit institutions are found in the [U.S. Code of Federal Regulations](https://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&sid=bb0c1f2d36ad83be9ac06e5a46eebb10&rgn=div8&view=text&node=34:3.1.3.1.34.12.39.2&idno=34).

Primary Reserve Ratio Calculation

|  | **Fiscal Year 1:** | **Fiscal Year 2:** |
| --- | --- | --- |
| Net assets without donor restrictions: |  |  |
| Net assets with donor restrictions less net assets restricted in perpetuity: |  |  |
| Annuities, term endowments and life income funds with donor restrictions: |  |  |
| Intangible assets: |  |  |
| Net property, plant and equipment (PP&E): |  |  |
| All debt obtained for long-term purposes (not to exceed total PP&E): |  |  |
| Unsecured related-party receivables: |  |  |
| Expendable net assets sub-total: |  |  |
| Total expenses and losses without donor restrictions less any losses without donor restrictions on investments, post-employment and defined benefit pension plans and annuities: |  |  |
| Primary reserve ratio: |  |  |
| Primary reserve strength: |  |  |
| Primary reserve weight: |  |  |
| Primary reserve CFI: |  |  |

Equity Ratio Calculation

|  | **Fiscal Year 1:** | **Fiscal Year 2:** |
| --- | --- | --- |
| Net assets with and without donor restrictions: |  |  |
| Intangible assets (from Primary Reserve Ratio): |  |  |
| Unsecured related-party receivables (from Primary Reserve Ratio): |  |  |
| Modified net assets subtotal: |  |  |
| Total assets: |  |  |
| Intangible assets (from Primary Reserve Ratio): |  |  |
| Unsecured related-party receivables (from Primary Reserve Ratio): |  |  |
| Modified assets sub-total: |  |  |
| Equity ratio: |  |  |
| Equity strength: |  |  |
| Equity weight: |  |  |
| Equity CFI: |  |  |

Net Income Ratio Calculation

|  | **Fiscal Year 1:** | **Fiscal Year 2:** |
| --- | --- | --- |
| Change in net assets without donor restrictions: |  |  |
| Total revenue (incl. net assets released from restriction) + total gains: |  |  |
| Net income ratio: |  |  |
| Net income strength: |  |  |
| Net income weight: |  |  |
| Net income CFI: |  |  |

Total Composite Financial Indicator Score

|  | **Fiscal Year 1:** | **Fiscal Year 2:** |
| --- | --- | --- |
| Total Composite Financial Indicator Score: |  |  |
| Comments: |  |  |

**C. Private, For-Profit Institution**Guidelines and illustrations regarding the financial ratios for private, for-profit institutions are found in the [U.S. Code of Federal Regulations](https://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&sid=bb0c1f2d36ad83be9ac06e5a46eebb10&rgn=div8&view=text&node=34:3.1.3.1.34.12.39.2&idno=34).

Primary Reserve Ratio Calculation

|  | **Fiscal Year 1:** | **Fiscal Year 2:** |
| --- | --- | --- |
| Total owner’s equity: |  |  |
| Intangible assets: |  |  |
| Unsecured related-party receivables: |  |  |
| Net property, plant and equipment: |  |  |
| All debt obtained for long-term purposes: |  |  |
| Post-employment and retirement liabilities: |  |  |
| Adjusted equity subtotal: |  |  |
| Total expenses: |  |  |
| Primary reserve ratio: |  |  |
| Primary reserve strength: |  |  |
| Primary reserve weight: |  |  |
| Primary reserve CFI: |  |  |

Equity Ratio Calculation

|  | **Fiscal Year 1:** | **Fiscal Year 2:** |
| --- | --- | --- |
| Total owner’s equity (from Primary Reserve Ratio): |  |  |
| Intangible assets (from Primary Reserve Ratio): |  |  |
| Unsecured related-party receivables (from Primary Reserve Ratio): |  |  |
| Modified equity subtotal: |  |  |
| Total assets: |  |  |
| Intangible assets (from Primary Reserve Ratio): |  |  |
| Unsecured related-party receivables (from Primary Reserve Ratio): |  |  |
| Modified assets subtotal: |  |  |
| Equity ratio: |  |  |
| Equity strength: |  |  |
| Equity weight: |  |  |
| Equity CFI: |  |  |

Net Income Ratio Calculation

|  | **Fiscal Year 1:** | **Fiscal Year 2:** |
| --- | --- | --- |
| Income before taxes: |  |  |
| Total revenues (total operating revenue + non-operating revenue and gains): |  |  |
| Net income ratio: |  |  |
| Net income strength: |  |  |
| Net income weight: |  |  |
| Net income CFI: |  |  |

Total Composite Financial Indicator Score

|  | **Fiscal Year 1:** | **Fiscal Year 2:** |
| --- | --- | --- |
| Total Composite Financial Indicator Score: |  |  |
| Comments: |  |  |

17. Audit Data

Please provide the following information for the past three completed fiscal years.

| **Audit Information** | **Fiscal Year 1:** | **Fiscal Year 2:** | **Fiscal Year 3:** |
| --- | --- | --- | --- |
| Ending month of fiscal year: |  |  |  |
| Last completed audit year  (example: 2019): |  |  |  |
| Was the last audit completed within six months of the close of the fiscal year? | Yes  No | Yes  No | Yes  No |
| Was the most recent financial audit UNQUALIFIED? | Yes  No | Yes  No | Yes  No |
| Did the most recent audit report include a going concern for disclosure? | Yes  No | Yes  No | Yes  No |