# **OUT OF STATE INSTITUTION ANNUAL REPORT**

## Regulatory Authority

This annual report is intended for out-of-state institutions to complete in compliance with N.J.A.C. 9A: 1-5.4, which requires out-of-state institutions to submit a report containing an update of information provided in the licensure petition pursuant to N.J.A.C. 9A:1-5.2(b) on an annual basis to the Secretary.

## Completing and Submitting the Report

The annual report updates information provided in the petition for licensure, re-licensure, or most recent annual report.

Submit electronically to licensure.highereducation@oshe.nj.gov as one cohesive PDF document; individual attachments will not be accepted. The report must be received**by the 31st of August**.

Newly licensed or re-licensed institutions will submit an annual report the following year after licensure or re-licensure approval. Institutions are not required to submit the annual report if it has undergone an OSHE review process included under N.J.A.C. 9A.

**Information should be reported since date of initial licensure, last re-licensure, or last annual report submitted.**

When answering, please link to as many attachments and sources as possible, and please ensure that access credentials are not required in order to access links or imaged documents.

## Fee Information

The report is to be accompanied by a $500 annual report submission fee, and submission will not be considered complete until the submission fee has been received. The fee must be received within ten (ten) days of the submission. **All checks should be made payable to: Treasury, State of New Jersey,** and must include a tracking number, and sent to the address provided below. Please visit <https://www.nj.gov/highereducation/licensure/feeschedule.shtml> to download the memo template and itemized check information sheet.

**Please send fee submission with tracking number to:**

 **Office of the Secretary of Higher Education (OSHE)
 Attn: Licensure Unit / Dr. Adrian Wright
 1 John Fitch Plaza, 10th Floor
 PO Box 542
 Trenton, NJ 08625**

**If the check is received with incorrect or missing information, it will be returned to the submitting institution.**

If you have any questions, please email licensure.highereducation@oshe.nj.gov.

TABLE OF CONTENTS

Contents

[**OUT OF STATE INSTITUTION ANNUAL REPORT** 1](#_Toc151024085)

[Regulatory Authority 1](#_Toc151024086)

[Completing and Submitting the Report 1](#_Toc151024087)

[Fee Information 1](#_Toc151024088)

[TABLE OF CONTENTS 2](#_Toc151024089)

[INSTITUTION INFORMATION AND CONTACT INFORMATION 3](#_Toc151024090)

[Accreditation 4](#_Toc151024091)

[Mission and Long-Range Planning 5](#_Toc151024092)

[Organization and Administration 5](#_Toc151024093)

[Finances 6](#_Toc151024094)

[Budget Form 7](#_Toc151024095)

[Faculty 9](#_Toc151024096)

[Schedule of Faculty Responsibilities 10](#_Toc151024097)

[Library 11](#_Toc151024098)

[Student & Student Services 11](#_Toc151024099)

[Physical Faculty 13](#_Toc151024100)

[ACADEMICS 14](#_Toc151024101)

[Academic Degree Programs 14](#_Toc151024102)

[Additional Required Information/Resources 14](#_Toc151024103)

# INSTITUTION INFORMATION AND CONTACT INFORMATION

|  |  |
| --- | --- |
| **Date of Annual Report Submission**  Click or tap to enter a date.  | **Date of Initial Licensure, Re-Licensure, or Last Annual Report**Click or tap to enter a date. |
| **Contact Information** |
| **First Name** | **Last Name** | **Contact Email** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Institution Information** |
| **Institution Name** Click or tap here to enter text. |
| **Institution/Program Website** Click or tap here to enter text. |
| **Institution President/CEO** [ ] **check if changed**Click or tap here to enter text. | **Institution President/CEO Email**Click or tap here to enter text. |
|  **Institution Main Campus** [ ] **Check if changed** |
| **Street** | **City** | **State**  | **Zip Code** | **Telephone Number** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Institution Sector and Location**Choose an item. | **Dual Enrollment**Choose an item. | **Degree Granting Level**Choose an item. |  |

|  |
| --- |
|  **Academic Program Information** [ ] **check if changed** |
|  **Location of Approved Academic Program** [ ] **check if changed** |
| **Street**Click or tap here to enter text. | **City**Click or tap here to enter text. | **State**Click or tap here to enter text. | **Zip Code**Click or tap here to enter text. |
| **Additional/Alternate Location of Approved Academic Program** [ ] **check if changed** |
| **Street**Click or tap here to enter text. | **City**Click to add text | **State**Click to add text | **Zip Code****Click to add text** |
| **Most Recent Total Institution Enrollment****\*specify timeframe (subject to verification)**Click or tap here to enter text. | **Total NJ Enrollment**Click or tap here to enter text. |

LICENSURE STANDARDS REVIEW

## Accreditation

1. Have there been any changes to your institution’s accreditation status?

Yes [ ]  No [ ]

If yes, please explain:

1. Date of next accreditation review: Click or tap to enter a date.
2. Have there been any changes to your institution’s programmatic accreditation status for programs approved for licensure, including, but not limited to, any non-compliance, questions or findings.

Yes [ ]  No [ ]

If yes, please explain:

1. Please link to the most current annual summary sheet or quality assurance report required by your institution’s accreditation association.

## Mission and Long-Range Planning

1. Has your institution’s mission statement and/or long-range plan been updated or changed?

 Yes [ ]  No [ ]

If yes, then please explain update and changes.

## Organization and Administration

1. Has the administrative organization of the institution changed?

Yes [ ]  No [ ]

If yes, then please explain changes.

1. Provide a current organization chart.
2. Has the director or coordinator of the New Jersey program(s) changed?

Yes [ ]  No [ ]

If yes, then please explain why the change occurred and proved a CV of the new director or coordinator.

## Finances

1. Has there been any increases or decreases in the operating budget?

Yes [ ]  No [ ]

If yes, please explain, click on the *“Budget Form”* link and complete the [*Budget Form*](#_Budget_Form)*.* Includea brief narrative that describes components of the budget. Please include the tuition per credit hour, distinguishing, as appropriate, undergraduate and graduate tuition.

### Budget Form

|  |  |  |  |
| --- | --- | --- | --- |
| **INCOME** | **YEAR 1** | **YEAR 2** | **YEAR 3** |
| **Dollar** **Amount** | **% Total Income** | **Dollar** **Amount** | **% Total Income** | **Dollar** **Amount** | **% Total Income** |
| 1. Student Tuition (Specify tuition/credit hour in narrative) | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 2. Student Fees | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 3. Other (Specify in narrative) | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| EDUCATIONAL & GENERAL INCOME TOTAL | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 4. Student Aid Income | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| INCOME GRAND TOTAL | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **EXPENDITURES** | **Dollar** **Amount** | **% Total** **Expenditures** | **Dollar** **Amount** | **% Total** **Expenditures** | **Dollar** **Amount** | **% Total** **Expenditures** |
| 5. Salaries | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 6. Benefits | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 7. Travel | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 8. Library Resources | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 9. Student Services | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 10. Plant Operations & Maintenance | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 11. Computer/Capital | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 12. Printing/Xeroxing | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 13. Other (Specify in narrative) | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| EDUCATIONAL & GENERAL EXPENDITURES TOTAL  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 14. Student Aid | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| EXPENDITURES GRAND TOTAL | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

1. Has the enrollment in New Jersey offerings been less than projected?

Yes [ ]  No [ ]

If yes, then please explain the difference and explain how costs were covered.

1. Has the enrollment in New Jersey offerings increased more than projected?

Yes [ ]  No [ ]

If yes, then please explain the difference.

1. Has there been any change to the institution’s long-range financial plan, including a program designed to secure gifts, grants, and other appropriate income affecting course(s) or degree program(s) approved and offered for New Jersey?

Yes [ ]  No [ ]

If yes, please explain including any impact to course(s) or degree program(s) approved and offered in New Jersey.

1. Has the insurance coverage of the institution including coverage for the proposed New Jersey offerings changed?

 Yes [ ]  No [ ]

If yes, please explain the changes.

1. Has the institution’s student loan default rate and/or financial composite score from the U.S. Department of Education changed (if applicable)? Has the institution been placed on Heightened Cash Management status by the U.S. Department of Education? Has the institution received any determinations from the U.S. Department of Education resulting from a program review?

 Yes [ ]  No [ ]

If yes, please explain in detail and indicate changes.

1. Has the institution had any adverse action taken against it by any licensure board or any state or federal regulatory body?

Yes [ ]  No [ ]

If yes, please explain in detail.

## Faculty

1. Have there been any changes to the faculty hired to teach the New Jersey offerings?

Yes [ ]  No [ ]

If yes, please explain in detail by clicking on the *“Schedule of Faculty Responsibilities”* link and completing the [*Schedule of Faculty Responsibilities*](#_Schedule_of_Faculty) form, specifically noting the changes in the textbox below.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Instructor****[First Name, Last Name, Rank]**  | **Course Number & Title** | **Semester****Hour****Credits** | **#****Students** | **Full-time or Part-time Faculty****Status** | **Total****Semester Credit Load for Fulltime Faculty** | **Indicate if** **Course Is** **Overload****Assignment** | **Other Responsibilities of Full-time Faculty**  |
| *Example**James Smith, Ph.D.*  | *Economics 203 – Economic Ideas and Issues*  | *3* | *15* | *Full-time*  | *12 credits*  | *No* | *Economics 204 – Intermediate* *Microeconomic Analysis (3)* *Department chair (3)* *Funded Research Project (3)*  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

### Schedule of Faculty Responsibilities

1. For the main campus and the New Jersey locations, are there any changes to any of the following: The total number of faculty members and their ranks; changes to the demographics of these faculty; changes to student/teacher ratio; how faculty are evaluated; changes to the faculty handbook; changes to institutional policies relating to faculty.

 Yes [ ]  No [ ]

If yes, please explain in detail.

1. Provide a link to CVs of any new faculty teaching in New Jersey.
2. Have there been any changes to the selection and review process for faculty teaching in New Jersey?

Yes [ ]  No [ ]

If yes, please explain in detail.

## Library

1. Have there been any changes to the number of professionals and support personnel staff available to serve the needs of New Jersey students and faculty?

Yes [ ]  No [ ]

If yes, please explain in detail.

1. Is the New Jersey library director new?

Yes [ ]  No [ ]

If yes, provide a link to the CV of the new director.

## Student & Student Services

1. Have there been any changes to admissions requirements used for students in the New Jersey offerings?

Yes [ ]  No [ ]

If yes, please explain in detail.

1. For the New Jersey course(s) and/or programs, indicate the headcount and FTE student enrollments. What number and percentage of this enrollment is on a full-time and part-time basis. What number and percentage of students is enrolled in each and every instructional modality utilized to offer course(s) and/or academic degree program(s), (e.g., in-person, remote, hybrid)?
2. Break down the demographics of these students by U.S. Census-defined race/ethnicity categories, and self-identified gender categories (male, female, other, prefer not to say, non-binary, transgender). Break down these students by first-generation, economically disadvantaged, and students with disabilities. Indicate any changes to data.
3. For the New Jersey program(s), what is the completion rate for the cohort since initial licensure, if initially licensed less than six years ago, and if licensed longer than six years, what is the completion rate for the cohort that entered six years ago? If the program is an associate degree program, provide the total number and percent of students in the cohort that completed the program by the end of the second, third, fourth, and fifth years. If the program is a bachelor’s degree program, provide the total number and percent of students in the cohort that completed the program by the end of the fourth and fifth years, as applicable. Break down the demographics of these students by U.S. Census-defined race/ethnicity categories, and self-identified gender categories (male, female, other, prefer not to say, non-binary, transgender). Please break down these students by first-generation, economically disadvantaged, and students with disabilities.
4. For New Jersey program(s) what is the retention rate from the first to the second year? Provide the total number and percent of students in the cohort entering two years ago, if licensed longer than two years, provide this retention data into the second and third years of the program(s). Describe the institution’s strategies to increase retention. Please break down the demographics of these students by U.S. Census-defined race/ethnicity categories and self-identified gender categories (male, female, other, prefer not to say, non- binary, transgender). Please break down these students by first-generation, economically disadvantaged, and students with disabilities.
5. Has there been any changes in the policies on tuition, fees, and refunds for full-time and part-time students for the New Jersey course(s) or degree program(s) or for the main campus?

 Yes [ ]  No [ ]

If yes, please explain in detail.

1. Have there been any changes to the policies on financial assistance? Indicate the amount of such assistance last year, and indicate whether the policies have changed for students in the course(s) or degree program(s) for New Jersey, and whether the policies are the same or different from the main campus.

Yes [ ]  No [ ]

If yes, please explain and provide all requested information.

1. Has there been any changes with the “institution’s eligibility” to participate in any DOE HEA student financial assistance program?

Yes [ ]  No [ ]

If yes, please explain in detail.

## Physical Faculty

1. Have there been any changes with or to the New Jersey instructional, residential, and/or laboratory sites?

Yes [ ]  No [ ]

If yes, please explain in detail.

## ACADEMICS

### Academic Degree Programs

1. List all degree programs and/or courses currently offered in New Jersey indicating any new program(s) and/or courses, and any terminations of programs and/or courses previously offered in New Jersey. Indicate initiation and/or termination dates of new program(s) and/or course(s).
2. Have there been any changes to the degree program(s) and/or courses(s) offered in New Jersey?

Yes [ ]  No [ ]

If yes, include new course descriptions and/or updated curriculum maps.

1. Provide syllabi for any new courses. Each syllabus should describe the course objectives, requirements, standards of achievement and evaluation, SLOs, and examination procedures.
2. Are there any programmatic accreditation updates and/or changes?

Yes [ ]  No [ ]

If yes, please explain in detail.

## Additional Required Information/Resources

1. Have there been any changes, if applicable, to the letter of invitation received by an out-of-State institution if it has been invited by an in-state party to offer educational services to a specific and delimited constituency in New Jersey? In the letter, the in-state party should name the constituency to be served, specify the reasons for inviting the out-of-state institution to offer the requested educational services and indicate what facilities and services the in-state party will provide to the program.

Yes [ ]  No [ ]

If yes, please explain in detail and provide a copy of the new document.

1. Have there been any changes, if applicable, to any memoranda of understanding or contracts, signed by both parties, specifying what facilities, services, and resources (e.g., library use, classroom space, residential facilities) third parties will provide to the institution and what the institution will pay for those facilities and services? The agreement should specify all conditions, including the means for terminating the agreement.

Yes [ ]  No [ ]

If yes, please explain in detail and provide a copy of the new document.

1. Have there been any changes to the institution’s official catalog, which should include a mission statement and the other items specified in N.J.A.C. 9A:1-1.12(c)?

Yes [ ]  No [ ]

If yes, please explain in detail and provide link to current catalog?