Liability Insurance New Business Application

NOTICE: This policy is issued by your risk retention group. Your risk retention group may not be subject to all of the insurance laws and regulations of your state. State insurance insolvency guaranty funds are not available for your risk retention group.

Submit this application for an educational organization with full-time equivalent enrollment of 3,000 or less, an association, foundation, or museum.

Instructions for the educational institution (applicant):

- Please complete all portions of this application completely, truthfully, and accurately.

- This application may be completed electronically using the fillable fields. To save a partially completed application and send it someone else, save the document as a .pdf file to your computer and then attach it to an email, or use the "send" function in Adobe Reader. Be sure to include any additional attachments.

- Print the .pdf file and sign the application. Scan the completed form and save it to your computer.

- Email the completed and signed application with all necessary attachments to your broker.

- If you do not understand a question, please have your broker contact United Educators (UE) for clarification.

Submitting Broker

Please complete the information below. Confirm that all application questions are answered and that the application is signed before submitting it to UE.

Submitting Broker Must Complete		
Person to Contact:		
Address 1:		
Address 2:		
City:	State:	Zip:
Phone Number:		
Email:		
License Number:		

Email the completed, signed, and dated application to your underwriter.

Application

Full Legal Name and Address of the Educational Institution

Institution Name:		
Address 1:		
Address 2:		
City:	State:	Zip:

The undersigned is an authorized representative of the educational institution and all persons or concerns applying for liability coverage. The undersigned declares that all information provided is complete, truthful, and accurate.

Signature: _____ Date: _____

Name: _____

Title: _____

Educational institution: _____

The signing and submission of this application does not bind United Educators to issue, or the educational institution to purchase, any specific policy or coverage. The information provided in this application is for underwriting purposes only, and does not constitute notice to United Educators of a claim or potential claim under any policy.

TO COMPLETE THIS APPLICATION, YOU MUST SUBMIT (check if provided with this form):

☐ The educational institution's most recent audited financial statement
☐ Loss runs for past six years (all relevant carriers)

Request for Coverage

COVERAGE, LIMITS, DEDUCTIBLES

If general liability is requested, please select desired general liability product. (CGL may not be selected as a stand alone coverage)	☐ Primary General Liability (CGL)	☐ General Liability Excess (GLX)
If educators legal liability is requested, please select desired ELL or ELX.	☐ Educators Legal Liability (ELL)	☐ Excess Educators Legal (ELX)

Policy	Limit Liability (per-claim or occurrence)	Deductible/SIR	Effective Date
Primary General Liability (CGL)			
Educators Legal Liability (ELL)			
General Liability Excess (GLX)			

If you need a quote/indication by a certain date, please specify date: _____

I. General Information

Mergers and Acquisitions

Have there been any newly created entities, acquisitions, or mergers that have occurred within the past two years or are planned within the next 12 months?	☐ Yes* ☐ No

*If "yes," please provide details for each acquisition, merger, new entity, or closure:

Name	Description of operations	Estimated or actual date of change	Why change is being made

Enterprise Risk Management

Does your institution have a comprehensive plan for identifying, assessing, mitigating, and managing various types of risks (i.e. an enterprise risk management plan)?	☐ Yes* ☐ No

*If "yes," which of the following risk areas are covered? Select all that apply:

☐ Reputational   ☐ Strategic   ☐ Financial

☐ Compliance   ☐ Operational   ☐ None

Affiliates and Subsidiaries

Provide the affiliate or subsidiary name for which the educational institution requests coverage. (See Appendix to request coverage for multiple affiliates and/or subsidiaries.)

Describe the purpose and operations of the affiliate/subsidiary below:

☐ For-profit ☐ Not-for-profit	Year established/acquired:	Annual budget: $

Organization Information

Does your educational institution have a unique focus that is part of its educational mission? Examples: serving a specialized student population, concentration in a specific profession, focus on high risk athletic or wilderness training or a specific niche or boutique study area.	☐ Yes* ☐ No
*If "yes," provide a brief explanation:	

Include link to website:_____

Underlying Coverage

Does the educational institution have an underlying policy or policies?	☐ Yes* ☐ No
*If "yes," does the educational institution wish to purchase "exhausted aggregate dropdown" coverage?	☐ Yes* ☐ No

*If "yes," please provide the following information for each non-UE underlying policy. (See Appendix for additional underlying coverage tables.)

Indicate underlying policy coverage:

☐ CGL   ☐ Foreign Liability   ☐ Other

☐ Employers Liability   ☐ Media Professional   If other, please describe:

_____

Policy number:	Policy period (end date):
Aggregate limit: $	Indicate underlying policy form type:
Policy period (beginning date):	☐ Claims-made ☐ Occurrence

II. Educators Legal Liability

A. General Information

Positions

Are in-house legal counsel employed at your educational institution?	☐ Yes* ☐ No
*If "yes," how many are employed?	

Training

Does your institution have a harassment prevention training program for all employees?	☐ Yes* ☐ No

*If "yes," indicate the following:

What percentage of your employees participated in harassment prevention training over the last three years? Select one answer.

☐ Less than 50%   ☐ Greater than 80%

☐ 50%-80%   ☐ We do not track participation rates

What percentage of your faculty participated in harassment prevention training over the last three years? Select one answer.

☐ Less than 50%   ☐ Greater than 80%

☐ 50%-80%   ☐ We do not track participation rates

What percentage of your faculty participated in harassment prevention training in the previous year? Select one answer.

☐ Less than 50%   ☐ Greater than 80%

☐ 50%-80%   ☐ We do not track participation rates

Does your institution provide supervisor training? Select all that apply:

☐ Conducting job interviews   ☐ Recognizing harassment and handling complaints

☐ Conducting accurate performance evaluations   ☐ Using progressive discipline

☐ Documenting employee performance problems   ☐ None

Staff Changes

Have there been any reductions in workforce during the past year at the educational institution?	☐ Yes* ☐ No

*If "yes," please describe for each department or division affected:

Department, division, or affiliate affected	Actual or Estimated:			Explain why a reduction in force was necessary.	Were outside counsel consulted to structure the reduction in force?
	Date of change	No. of faculty affected	No. of staff or administrators affected		
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No

Are any reductions in workforce under consideration or planned within the next 12 months at the educational institution?	☐ Yes ☐ No

*If "yes," please describe for each department or division affected:

Department, division, or affiliate affected	Actual or Estimated:			Explain why a reduction in force was necessary.	Were outside counsel consulted to structure the reduction in force?
	Date of change	No. of faculty affected	No. of staff or administrators affected		
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No

Closings

Will the educational institution or any of its affiliates, departments or divisions close within the next 12 months, or are any such closures under consideration?	☐ Yes* ☐ No

*If "yes," please provide details for each closure:

Name	Description of operations	Estimated or actual date of change	Why is the change being considered?

B. Accreditation and Program Information
(Complete Section B only for a higher education institution.)

Institution Accreditation

Indicate accrediting body:

☐ Middle States Commission on Higher Education

☐ New England Association of Schools and Colleges Commission on Institutions of Higher Education

☐ North Central Association of Colleges and Schools The Higher Learning Commission

☐ Northwest Commission on Colleges and Universities

☐ Southern Association of Colleges and Schools Commission on Colleges

☐ Western Association of Schools and Colleges Accrediting Commission for Community and Junior Colleges

☐ WASC Senior College and University Commission

☐ New York State Board of Regents

☐ Accrediting Council for Independent Colleges and Schools

☐ Distance Education and Training Council Accrediting Commission

☐ Association for Biblical Higher Education Commission on Accreditation

☐ Association of Advanced Rabbinical and Talmudic Schools Accreditation Commission

☐ The Association of Theological Schools in the United States and Canada Commission on Accrediting

☐ Transnational Association of Christian Colleges and Schools Accreditation Commission

☐ Other

If other, please describe:_____

Academic Program Accreditation

Do any degree programs have an accreditation status of any of the following?	
☐ Seeking initial accreditation (new or existing program)	☐ Involuntary withdrawal of accreditation
☐ Accreditation continued with follow-up report requested	☐ Voluntary withdrawal of accreditation
☐ Warning or similar status	☐ Denial of accreditation
☐ Probation in any form	☐ Appeal
☐ Show cause or similar status	

Please provide the following information for each program selected. (See Appendix for additional program accreditation tables.)

If any selected, please indicate:

Description of degree program	Accrediting body	Date of most recent review

What was the outcome of the most recent review?	
☐ Seeking initial accreditation (new or existing program)	☐ Involuntary withdrawal of accreditation
☐ Accreditation continued with follow-up report requested	☐ Voluntary withdrawal of accreditation
☐ Warning or similar status	☐ Denial of accreditation
☐ Probation in any form	☐ Appeal
☐ Show cause or similar status	☐ Other (Please describe):_____

Date of next review	Educational institution's response to the action

Program Changes — Past 12 Months

Have any degree or certification programs been created or eliminated in the past year?	☐ Yes* ☐ No

*If "yes" please provide the following information for each program. (See Appendix for additional program change tables.)

Name of degree or certificate program	Please select one
	☐ Created
	☐ Eliminated

If "eliminated," what provisions are being made for enrolled students to complete the degree?
(i.e. close program to new enrollees and allow remaining students to complete, transfer to another institution, etc.)

Estimated or actual date of change	Explain why change was made	Indicate the number of students enrolled or affected	Indicate the number of faculty and/or staff added or affected

Program Changes — Next 12 Months (Continued)

Is the institution considering creating or eliminating any degree or certification programs within the next 12 months?	☐ Yes* ☐ No

*If "yes" please provide the following information for each program. (See Appendix for additional program change tables.)			
Name and description of degree or certificate program			Please select one ☐ Create ☐ Eliminate
If "eliminated," what provisions are being made for enrolled students to complete the degree? (i.e. close program to new enrollees and allow remaining students to complete, transfer to another institution, etc.)			
Estimated or planned date of change	Explain why change is being considered or planned	Indicate the number of students enrolled or affected	Indicate the number of faculty and/or staff added or affected

(Complete only for a 4-year higher education institution.)

Tenure Committees

Does your educational institution offer tenure?	☐ Yes* ☐ No
*If "yes," how often does your institution train its tenure review committees on tenure review policies? ☐ Once a year ☐ Only train new members when added ☐ No training conducted	
*If "yes," if your institution awards tenure to faculty members, is written justification required for any deviation in review procedures between tenure candidates with similar qualifications?	☐ Yes* ☐ No

III. General Liability

A. Liability Overview

Accident Investigation

Indicate which of the following elements your institution requires as part of an accident investigation. Select all that apply:

☐ Injured party information   ☐ Photographs

☐ Witness statements   ☐ Additional physical evidence

☐ Description of the premises and relevant conditions   ☐ None

Indicate which of the following groups are trained to respond to an accident or injury. Select all that apply:

☐ Faculty   ☐ Student organization leaders

☐ Staff   ☐ None

☐ Supervisors and managers

Alcohol

Does the educational institution have a written policy that regulates the conditions under which alcohol may be served at:		
On-campus parties or events by any fraternity, sorority or other student organization?	☐ Yes	☐ No
Off-campus parties or events by any fraternity, sorority or other student organization?	☐ Yes	☐ No
Athletic events?	☐ Yes	☐ No

Athletics

Does your institution sponsor any athletics/sports programs?	☐ Yes*	☐ No

*If "yes," indicate the most competitive level of conference athletics at the educational institution (pick the one that best describes your institution):

☐ NAIA   ☐ NCAA Div. III

☐ NCAA Div. I   ☐ Club/intramural sports only

☐ NCAA Div. II   ☐ Club sports or recreational leagues

☐ School athletics or sports teams

Which of the following is required of athletes prior to participation? Select all that apply:

☐ Signed assumption of risk and/or informed consent documents   ☐ Pre-participation examination

☐ Signed emergency consent to treat   ☐ None

Athletics (Continued)

Do you have a concussion management plan?	☐ Yes* ☐ No

*If "yes," which of the following is addressed in your educational institution's concussion management plan for athletic activities? Select all that apply:

☐ Educating coaches at least annually on the signs of concussion

☐ Baseline cognitive assessments for student athletes

☐ Educating student athletes at least annually on the signs of concussion

☐ None

Which of the following is included in your school's return-to-play guidelines for students who experience a potential head injury? Select all that apply:

☐ Immediate removal from practice or competition

☐ Encourage athletes who have experienced multiple head injuries to pursue a safer activity

☐ Physical examination and medical clearance before return to play

☐ None

☐ Gradual return to play only occurs once the athlete is completely free of symptoms

Does your institution participate in intercollegiate football?	☐ Yes* ☐ No

*If "yes," please complete the supplemental application for traumatic brain injury found on the UE website. Please upload the completed, signed supplemental application as an attachment to this application or email it separately to applications@ue.org.

Does the educational institution require students to sign a liability waiver, hold harmless agreement, or assumption of risk form prior to participation in each sport?	☐ Yes ☐ No

Automobiles/Vehicles

Enter the number of owned and operated:

Passenger cars:	Passenger vans or buses:	Service vehicles and trucks:

Are students (other than student employees) permitted to drive vehicles owned by or leased on behalf of your institution?	☐ Yes* ☐ No

*If "yes,"who is required to take driver safety training at your institution? Select all that apply:

☐ Students who drive their own vehicles for school related travel

☐ Any driver of a vehicle requiring Class B license or CDL

☐ Students who drive institution-owned vehicles

☐ Club/intramural sports only

☐ Employees who drive institution-owned vehicles

Select the best answer only if students drive. How often are student motor vehicle records checks performed?

☐ At least annually

☐ With cause or after an accident

☐ Randomly

☐ None

Indicate the method of Motor Vehicle Records (MVRs) checks by the educational institution for employees. Please select one:

☐ No MVRs checked

☐ Random MVRs checked

☐ All MVRs checked

☐ Other (Please describe):_____

Automobiles/Vehicles (Continued)

If motor vehicle records are checked for drivers, are there written MVR guidelines, such as a point system, used to disqualify drivers with unsatisfactory driving records?	☐ Yes ☐ No

If your institution has employees who drive regularly on school related business, how often are motor vehicle records checks performed on the drivers? Select the best answer.

☐ At least annually   ☐ Randomly   ☐ With cause or after an accident   ☐ None

Does your institution have guidelines regarding the use of personal vehicles for school related business or activities?	☐ Yes ☐ No

Behavioral Intervention/Threat Assessment

Does the educational institution have a written policy or procedure to notify a parent or guardian of a student who may pose a risk of injury to himself/herself or others?	☐ Yes* ☐ No
*If "yes," are students over the age of 18 (or legal age of majority in the educational institution's state) notified of this policy or procedure?	☐ Yes* ☐ No
Does the educational institution have a crisis management plan in the event of a suicide or other trauma involving students?	☐ Yes* ☐ No
Does your institution have a designated team who receive, evaluate, and respond to reports concerning students who may pose a risk of injury to themselves or to others?	☐ Yes* ☐ No

*If "yes," which of the following campus divisions are represented on the team? Select all that apply:

☐ Student affairs and/or residence life   ☐ Public safety

☐ Judicial affairs   ☐ Academic affairs

☐ Student health/mental health   ☐ None

Camps and Child Care for Minors

Which of the following topics are addressed in training for employees, volunteers, and other persons who have regular access to children? Select all that apply:

☐ Warning signs of sexual abuse of children   ☐ Obligation to report suspected conduct violations involving children

☐ Boundaries and healthy relationships with children ☐ Obligation to report suspected abuse of children

☐ Codes of conduct when working with or supervising children ☐ None

Are criminal or child abuse background checks performed on all teachers, faculty, counselors, staff and volunteers who have regular contact with children?	☐ Yes ☐ No*

*If "no," explain why:

Are any camps, recreational programs, sports programs, or similar programs owned, operated, or controlled by the institution?	☐ Yes* ☐ No

*If "yes," indicate the average annual number of children who are not students but who participate in any camp, recreational program, sports program, or similar program owned operated or controlled by the institution:

If your institution sponsors or operates child care, camps, or other children's programs, which of the following are required? Select all that apply:

☐ Parental signatures on waiver or release forms   ☐ Training for all staff and volunteers on how to report suspected child abuse or sexual misconduct

☐ Child abuse prevention training for all staff and volunteers ☐ None

Camps and Child Care for Minors (Continued)

For camps or other children programs operated by third parties at your institution, which of the following are required? Select all that apply:

☐ Certificate of the camp operator's general liability insurance of at least $1,000,000 in limits

☐ A contract including standard indemnification provisions, with exceptions approved only by legal counsel, VP finance/administration or risk/business manager?

☐ Confirmation that the third party has $1,000,000 in sexual molestation liability coverage

☐ None

☐ The naming of your institution as an additional insured on all liability policies

Campus Housing

Indicate the total number of students in housing owned, operated, controlled, leased or managed by the educational institution:

Does your institution own or operate any student housing seven stories or higher?	☐ Yes* ☐ No
*If "yes," are all such high-rise buildings fully sprinklered (100% all dorm rooms/common areas)?	☐ Yes ☐ No

Contracts/Risk Transfer

Does your institution have procedures to ensure contract review and signature by appropriate campus officials?	☐ Yes ☐ No

Which of the following are addressed in your contracting policies? Select all that apply:

☐ Minimum insurance requirements

☐ "Additional insured" endorsements

☐ Proper signatory authority

☐ None

☐ Certificates of insurance

Foreign Fixed-Base Operation

Does the educational institution maintain, alone or in partnership with another organization, any fixed-based campus or other site (whether owned or leased) outside of the USA?	☐ Yes* ☐ No

*If "yes," please provide the following:

List each location with the number of participating students:

Specify each carrier that provides foreign general liability coverage with the limits of insurance:

International Travel

Does the educational institution sponsor any foreign travel?	☐ Yes ☐ No
If so, do you require all study abroad participants, including legal guardians for minors, to execute an appropriate waiver of liability prior to departure?	☐ Yes ☐ No
If so, do you have an emergency response and evacuation plan for each location where sponsored travel occurs?	☐ Yes ☐ No

Medical/Counseling

Does the educational institution maintain a campus infirmary, clinic or counseling center to primarily serve the physical and mental health, and/or sports medicine needs of its students and employees?	☐ Yes* ☐ No

*If "yes," please provide the following:

Number of employed or volunteer physicians:	Number of contracted physicians:
Number of employed psychologists, counselors, nurses, physician assistants, athletic trainers, pharmacists, or other similar allied health personnel (non-physicians):	Number of contracted psychologists, counselors, nurses, physician assistants, athletic trainers, pharmacists, or other similar allied health personnel (non-physicians):

Which of the following are contracted allied health workers required to provide? Select all that apply:

☐ Evidence of current applicable license(s) ☐ A written agreement that indemnifies the institution ☐ Evidence of current professional liability insurance

*If "yes," please provide the following:

Estimate the annual number of patient visits:	Indicate the approximate percentage of annual visits by patients who are NOT students/employees/faculty of the educational institution (such as the general public)?

Does the facility provide beds for overnight stays?	☐ Yes ☐ No

Pools

Does the educational institution own or operate any swimming pool?	☐ Yes* ☐ No

*If "yes," which of the following safety measures are in place? Select all that apply:

☐ Cameras or other electronic monitoring systems that are regularly monitored ☐ Staffing by lifeguards while pool is open ☐ None

Premises Maintenance and Repairs

For which campus locations does your institution periodically review maintenance and incident reports?
Select the best answer:

☐ All campus buildings and facilities ☐ Only those locations where there have been injuries or problems

☐ Some campus buildings and facilities ☐ None

Does your institution have any owned or leased parking lots?	☐ Yes* ☐ No

*If "yes," indicate any of the following measures regularly conducted. Select all that apply:	For all outdoor areas of campus, indicate any of the following conditions for which your institution regularly conducts documented inspections and remediations. Select all that apply:
☐ Inspection	☐ Snow, ice, or precipitation
☐ Maintenance	☐ Defective conditions
☐ None	☐ None

Risk Management Operations

For which of the following types of crises does your institution have written emergency procedures? Select all that apply:		
☐ Medical emergencies	☐ Campus violence	
☐ Weather events/natural disasters	☐ None	

Has your institution conducted a test of its crisis management plan in the past 12 months?	☐ Yes* ☐ No

*If "yes," how often is your institution's crisis management plan reviewed and updated? Select one answer:
☐ Annually or more frequently ☐ Every two years or less frequently

Is there is a Safety/Risk Management Committee?	☐ Yes* ☐ No

*If "yes," indicate how often the committee meets per year: ☐ Less than 4 times ☐ 4 or more times

Watercraft

Does the educational institution have owned/operated surface watercraft over 50 feet in length?	☐ Yes* ☐ No
*If "yes," does the educational institution request coverage for any of these watercraft?	☐ Yes* ☐ No

Watercraft name:	Length of vessel:
Type of watercraft:	Purpose of use:
Number of days used per year:	Total number of passengers permitted:
Furthest travel from home port:	Other information:

B. Anti-Bullying
(Complete only for a K-12 school.)

Anti-bullying

Which of the following components are included in your school's anti-bullying policy? Select all that apply:	
☐ Definition of bullying or related term	☐ Potential penalties of bullying
☐ Examples of bullying behavior, including cyber-bullying	☐ None
☐ Reporting mechanisms and response procedures	

Which of the following measures does your school take against bullying? Select all that apply:	
☐ Educate students on bullying and how to respond and report it	☐ Monitor bullying "hot spots" such as hallways, bathrooms, and school buses
☐ Train teachers how to respond to bullying incidents	☐ None
☐ Investigate incident reports consistently	

Appendix (Additional Information)

Affiliates and Subsidiaries

Please use one table per additional affiliate or subsidiary.

Provide the affiliate or subsidiary name for which the educational institution requests coverage.		
Describe the purpose and operations of the affiliate/subsidiary below:		
☐ For-profit ☐ Not-for-profit	Year established/acquired:	Annual budget: $

Provide the affiliate or subsidiary name for which the educational institution requests coverage.		
Describe the purpose and operations of the affiliate/subsidiary below:		
☐ For-profit ☐ Not-for-profit	Year established/acquired:	Annual budget: $

Provide the affiliate or subsidiary name for which the educational institution requests coverage.		
Describe the purpose and operations of the affiliate/subsidiary below:		
☐ For-profit ☐ Not-for-profit	Year established/acquired:	Annual budget: $

Provide the affiliate or subsidiary name for which the educational institution requests coverage.		
Describe the purpose and operations of the affiliate/subsidiary below:		
☐ For-profit ☐ Not-for-profit	Year established/acquired:	Annual budget: $

Appendix (Additional Information)

Underlying Coverage

Please use one table per additional underlying coverage.

Provide the following information for each non-UE underlying policy.	
Indicate underlying policy coverage: ☐ CGL ☐ Foreign Liability ☐ Other ☐ Employers Liability ☐ Media Professional If other, please describe: _____	
Policy number:	Policy Period (end date):
Aggregate limit: $	Indicate underlying policy form type:
Policy Period (beginning date):	☐ Claims-made ☐ Occurrence

Provide the following information for each non-UE underlying policy.	
Indicate underlying policy coverage: ☐ CGL ☐ Foreign Liability ☐ Other ☐ Employers Liability ☐ Media Professional If other, please describe: _____	
Policy number:	Policy Period (end date):
Aggregate limit: $	Indicate underlying policy form type:
Policy Period (beginning date):	☐ Claims-made ☐ Occurrence

Provide the following information for each non-UE underlying policy.	
Indicate underlying policy coverage: ☐ CGL ☐ Foreign Liability ☐ Other ☐ Employers Liability ☐ Media Professional If other, please describe: _____	
Policy number:	Policy Period (end date):
Aggregate limit: $	Indicate underlying policy form type:
Policy Period (beginning date):	☐ Claims-made ☐ Occurrence

Appendix (Additional Information)

Academic Program Accreditation

Please use one table per additional program accreditation coverage.

Do any degree programs have an accreditation status of any of the following?	
☐ Seeking initial accreditation (new or existing program)	☐ Involuntary withdrawal of accreditation
☐ Accreditation continued with follow-up report requested	☐ Voluntary withdrawal of accreditation
☐ Warning or similar status	☐ Denial of accreditation
☐ Probation in any form	☐ Appeal
☐ Show cause or similar status	

If any selected, please indicate:

Description of degree program	Accrediting body	Date of most recent review

If any selected, please indicate:

Description of degree program	Accrediting body	Date of most recent review

If any selected, please indicate:

Description of degree program	Accrediting body	Date of most recent review

If any selected, please indicate:

Description of degree program	Accrediting body	Date of most recent review

If any selected, please indicate:

Description of degree program	Accrediting body	Date of most recent review

Appendix (Additional Information)

Program Changes

Please use one table per additional program change.

Program Changes — Past 12 Months

Have any degree or certification programs been created or eliminated in the past year?	☐ Yes* ☐ No
***If "yes" please provide the following information for each program. (See Appendix for additional program change tables.)**	

Name of degree or certificate program	Please select one ☐ Created ☐ Eliminated

If "eliminated," what provisions are being made for enrolled students to complete the degree? (i.e. close program to new enrollees and allow remaining students to complete, transfer to another institution, etc.)

Estimated or actual date of change	Explain why change was made	Indicate the number of students enrolled or affected	Indicate the number of faculty and/or staff added or affected

Program Changes — Next 12 Months

Is the institution considering creating or eliminating any degree or certification programs within the next 12 months?	☐ Yes* ☐ No
***If "yes" please provide the following information for each program. (See Appendix for additional program change tables.)**	

Name and description of degree or certificate program	Please select one ☐ Create ☐ Eliminate

If "eliminated," what provisions are being made for enrolled students to complete the degree? (i.e. close program to new enrollees and allow remaining students to complete, transfer to another institution, etc.)

Estimated or planned date of change	Explain why change is being considered or planned	Indicate the number of students enrolled or affected	Indicate the number of faculty and/or staff added or affected

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