NWCCU 2014 Annual Report

Welcome to the 2014 NWCCU Annual Report. The format allows printouts for review and hard copy records, as well as uploads of Excel spreadsheets, bylaws, and IPEDS reports directly within the survey. Please contact the Commission office (425-558-4224) if you have any questions about the Annual Report form or information. The deadline for submission is June 2, 2014. Definitions for institutional data sections are linked from each applicable question heading. If you would like to see the definitions or other Frequently Asked Questions, please go to www.nwccu.org and follow the link to the Annual Report Information on the front page of the website.

This document contains respondents between 1 and 1 inclusive.

*				
Respondent #1	Submit date: 2014-05-30	Email address: leashfood	Response label:	
Please enter you	r institutional password h	ere:		
leashfood				
S1: Institutiona	I Information			
Name of Institution	n:			
Spokane Falls Community	/ College			
Institution Informa	ation:			
Mailing Address:				
3410 West Fort George W	right Drive			
Address 2:				
MS 3010				
City:				
Spokane				
State/Province:				
WA				
Zip/Postal Code:				

99224-5288

Country:

Main Phone Number:

Chief Executive Officer		
Title (Dr., Mr., Ms., etc.):		
Dr.		
First Name:		
Janet ·		
Last Name:		
Gullickson		
Position (President, etc.):		
President		
Phone:		
509-533-3535		
Fax:		
509-533-3225		
Email:		
Janet.Gullickson@spokanefalls.edu	 ·	*
		The state of the s
Accreditation Liaison Officer		
Title (Dr., Mr., Ms., etc.):		
Title (Dr., Mr., Ms., etc.):		
Accreditation Liaison Officer Title (Dr., Mr., Ms., etc.): Dr. First Name: James E.		
Title (Dr., Mr., Ms., etc.): Dr. First Name:		
Title (Dr., Mr., Ms., etc.): Dr. First Name: James E.		
Title (Dr., Mr., Ms., etc.): Dr. First Name: James E. Last Name: Minkler		
Title (Dr., Mr., Ms., etc.): Dr. First Name: James E. Last Name:		
Title (Dr., Mr., Ms., etc.): Dr. First Name: James E. Last Name: Minkler Position (Provost, etc.):		
Title (Dr., Mr., Ms., etc.): Dr. First Name: James E. Last Name: Minkler Position (Provost, etc.): Vice President of Learning		
Title (Dr., Mr., Ms., etc.): Dr. First Name: James E. Last Name: Minkler Position (Provost, etc.): Vice President of Learning Phone:		
Title (Dr., Mr., Ms., etc.): Dr. First Name: James E. Last Name: Minkler Position (Provost, etc.): Vice President of Learning Phone: 109-533-3538		
Title (Dr., Mr., Ms., etc.): Dr. First Name: James E. Last Name: Minkler Position (Provost, etc.): Vice President of Learning Phone: 109-533-3538 Fax:		

Chie	f Financial Officer
Title	(Dr., Mr., Ms., etc.):
Ms.	
First	Name:
Lisa	
Last	Name:
Hjaltalir	n
Positi	ion Title (Provost, etc.):
Acting (Chief Financial Officer
Phon	e:
509-434	4-5210
Fax:	
Email	
lisa.hjali	talin@ccs.spokane.edu
S2: I	nstitutional Demographics
Institu	ution Type (select one)
•	Public
0	Tribal/Native
0	Private Non-Profit
0	Private For-Profit
Degre	ee Levels Offered (check all that apply)
	Associate
	Baccalaureate
	Master
	Doctorate

Calendar Plan:		
O Semester		
Quarter		
O 4-1-4		
O Trimester		
Other		
Students (all locatio	ns)	
	Unduplicated Headcount	Full-Time Equivalent (FTE)
(a) Undergraduate	9427	4374.9
(b) Graduate (if applicable)		
(c) Unclassified TOTALS		
Faculty (all locations		
Faculty (all locations	Unduplicated Headcount	Full-Time Equivalent (FTE)
(a) Full-Time	172	172
(b) Part-Time	295	137
TOTALS	467	309
Cobort default rate	on Title IV HEA subsidized and unsubsidized	loans in which the student is the designated

Yes

16.7

O No

S3: New Degree/Certificate Programs

Cohort fiscal year 2011 Default Rate:

New degree/certificate programs offered since your 2013 Annual Report was filed. If NONE, so Indicate.				
	Certificate/Degree Level	Program Name	Discipline or Program Area	
1.	NONE			
2.				
3.				
4.				
5.				
6.			2	
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
7.				
8.				
9.				
20.				

S4: Terminated Degree/Certificate Programs

Degree/Certificate programs of 30 semester/45 quarter credits or more in length terminated in 2013-2014. If

	Certificate/Degree Level	Program Name	Discipline or Program Area
1.	AAS	Information Processing - IEL	Computer applications at off campus location
2.	Certificate	Business Occupations - IEL	Computer applications at off campus location
3.	AAS	Business, General - IEL	Business degree emphasis at off campus locations
4.	AAS	Administrative Computer Specialist - IEL	Computer applications at off campus location
5.	Certificate	Business and Software Applications - IEL	Computer applications at off campus location
6.	AAS	Administrative Assistant	Computer applications at off campus location
7.	Certificate	Office Assistant	Computer applications at off campus location
8.	Certificate	Management	Management courses at off campus locations
9.			
10.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19. 20.			

S5: Contractual Relationships

Contractual relationships with organizations/institutions. If NONE, so indicate. List academic credit program(s)/course(s) operated jointly in contractual relationships with external organizations. Exclude student teaching partnerships, research contracts, contracts for non-credit offerings, etc. If your list is longer than ten entries, please create the list using the headings we have specified and upload it in the box provided as an Excel spreadsheet.

Matrix: part 1 of 2				
	External Agency/Organization	Program(s)/Course(s) Name(s)	Degree/Certificate Level	Student Headcount
	None			
		11.0		
				*
10.				

Contractual Relationsl	nips
Matrix: part 2 of 2	
	Accredited Institution/Organization? (Yes/No)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

S6: Substantive Changes

Substantive Changes including degree or certificate programs planned for 2014-2015 approved by the institution's governing body. See NWCCU Substantive Change Policy. This listing does not substitute for formal substantive change submission to NWCCU. If NONE, so indicate. Please feel free to create the list using the headings we have specified and upload it in the box provided as an Excel spreadsheet.

Substantiv	e Changes		
	Certificate/Degree Level	Program Name	Discipline or Program Area
		Associate of Arts/Direct Transfer	
	AA Degree	Degree	SFCC - Pullman Center
		Business Technology and	Business Technology and
	AAS Degree	Software Specialist	Software Applications
		Information Systems Technology	
	BAS Degree	Bachelor of Applied Science	Information Technology
		Applied Management Bachelor of	
	BAS Degree	Applied Science	Management
0.			

S7: Domestic Off-Campus Locations

Domestic Certificates/Degree Programs where 50% or more of the credits are offered at any Off-Campus Locations including branch, satellite, or secondary sites in or out of the institution's service area. If NONE, indicate N/A in first blank line only. If your list is longer than ten entries, please create the list using the headings we have specified and upload it in the box provided as an Excel spreadsheet. Accurate information about off-campus programs is critical to the Commission in responding to inquiries and verifying program locations to the U.S. Department of Education relative to Title IV eligibility.

Matrix: part 1 of 2						
	Institution Name	Location Name	Physical Street Address	Degree/Certificate Name/Level		
	Spokane Falls Community College	Pullman Center	115 NW State St, Suite 305A, Pullman, WA 99163	AA/DTA		
	Spokane Falls Community College	Fairchild Air Force Base	6 West Castle St, Fairchild AFB, WA 99011	AA/DTA		
),						

Domestic Off-Campus Locations for Certificates & Degree Programs

Matrix: part 2 of 2

	Program Name	Student Enrollment (Unduplicated Headcount)	On-Site Staff (Yes or No)	Co-Sponsoring Organization (if applicable)
	Associate of Arts			
	Degree/Direct Transfer			
1.	Agreement	171	Yes	
	Associate of Arts			
	Degree/Direct Transfer	Les .		
2.	Agreement	62	Yes	
		19		
				,
10.				

S8: Distance Education

Degree and certificate Programs of 30 semester or 45 quarter credits or more where at least 50% or more of the curriculum is offered by Distance Education. If your list is longer than ten entries, please create a list using the headings we have specified and upload it in the box provided as an Excel spreadsheet.

Matrix: part 1 of 2 Institution Name Location Name Physical Street Address Degree/Certificate Name/Level 3410 W Fort George Spokane Falls Spokane Falls Wright Dr, Spokane WA Community College Community College 99224 AA/DTA Degree 3410 W Fort George Spokane Falls Spokane Falls Wright Dr, Spokane WA **Business AA/DTA** 99224 2. Community College Community College Degree 3410 W Fort George Spokane Falls Wright Dr, Spokane WA Spokane Falls Community College Community College 99224 AAS Degree/Certificate 3410 W Fort George Spokane Falls Spokane Falls Wright Dr, Spokane WA Community College Community College 99224 AAS Degree/Certificate 3410 W Fort George Spokane Falls Spokane Falls Wright Dr, Spokane WA Community College Community College 99224 AAS Degree 3410 W Fort George Spokane Falls Spokane Falls Wright Dr, Spokane WA Community College Community College 99224 AAS Degree/Certificate 3410 W Fort George Spokane Falls Spokane Falls Wright Dr. Spokane WA 99224 Community College Community College **AAS Degree** 7.

Distance Education

Matrix: part 2 of 2

	Program Name	Student Enrollment (Unduplicated Headcount)	On-Site Staff (Yes or No)	Co-Sponsoring Organization (if applicable)
	SFCC Liberal Arts			
1.	Transfer Degree	846	Yes	
	Business Degree/Direct			
2.	Transfer Agreement	89	Yes	
	Early Childhood			
3.	Education	114	Yes	
	Education			
	Paraprofessional	16	Yes	
	Gerontology			
	Paraprofessional	8	Yes	
	Library and Information			
	Services	31	Yes	
	Social Services	84	Yes	
0.				

S9: International Sites

Sites outside the United States at which your institution offers program for academic credit. Please complete this form noting all educational activities your institution offers abroad, separately or in cooperation with other institutions, U.S. as well as foreign. If there are no foreign country branch operations or study-abroad programs for which your institution awards academic credit, so indicate. If your list is longer than ten entries, please create a list using the headings we have specified and upload it in the box provided as an Excel spreadsheet.

Matrix: part 1 of 2 Institution Name **Location Name** Physical Street Address Degree/Certificate Name/Level Collegio Delibes Avenida Spokane Falls de Italia 21, 37007 Community College Salamanca Spain Salamanca Spain AA Bristol 4 Toweres Hotel. Av.Saturnino De Brito 1327, Praia do Canto. Spokane Falls Vitoria, ES CEP 29055-Community College Brazil 180 AA

International Sites

Matrix: part 2 of 2

10.

	Program Name	Student Enrollment (Unduplicated Headcount)	On-Site Staff (Yes or No)	Co-Sponsoring Organization (if applicable)
	Summer Study of	4		
1.	Spanish	5	Yes	No
				Yes- US- Brazil Connect
2.	US-Brazil Connect	5	Yes	[US State Dept}
3.			44	
4.				
5.				
6.				
7.				
8.				
9.			2.7	
10.				

S10: Closing

Click to review your responses to the survey. You will not be able to make changes to the review form, but you will be able to go back in the survey and revise responses once you close the review page. You can print the review copy by using your browsers "Print" function. You will also have a chance to print your completed report after report submission.

Please add any comments here for the Commission office for the 2014 Annual Report.

Please note that SFCC shares its statewide transfer degrees with Spokane Community College and were listed in previous annual reports under Community Colleges of Spokane as the institution, but its AAS degrees are specific to SFCC alone. We have changed the institution to SFCC entirely for the sake of consistency and the fact that SFCC students receiving these degrees will receive these degrees from SFCC, not Community Colleges of Spokane.