



## FORM A-10 Annual Status Report

Name of Institution: \_\_\_\_\_

Degree Program: \_\_\_\_\_

Report Date: \_\_\_\_\_ Current Academic Year \_\_\_\_\_

Year Accredited: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Student Count:      Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Number of Masters Degrees awarded in past academic year: \_\_\_\_\_

Number of FTE faculty teaching MD courses in current academic year: \_\_\_\_\_

***Refer to ACCE Document 101, Paragraph 6.3 for guidelines to complete report***

**Instructions for Preparation:**

**Section I:** Program Data should include the most current information about the program. A box for Summary Comments is provided for your use as needed for overall comments of significance.

**Section II:** Each Weakness and Concern from your most recent Visiting Team Report is listed as reported. For each item you will need to mark the box that is appropriate for the progress of its elimination – alleviated or in progress. If alleviated, indicate how this was accomplished. If in progress, describe what progress has been made and include a detailed plan to alleviate the Weakness or Concern. If attaching a plan, be sure to indicate you are doing so.

**Section III:** The final area provides space to discuss any changes within the program. If there are no significant changes, please check the box at the top of the page for No Significant Changes.

**Submitted by:**

\_\_\_\_\_  
Name – Program Leader

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Approved:**

\_\_\_\_\_  
Name - Dean

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Approved:**

\_\_\_\_\_  
Name – CEO / Provost

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



\_\_\_\_\_ # ☐

**Description of Weakness or Concern as written in Visiting Team Report**

**Status of Progress:**

☐

**Alleviated**

☐

**In Progress**

☐

**Correction Plan with Time  
Line Attached**

**First Year Report:**

**Second Year Report:**

**Third Year Report:**

**Fourth Year Report:**



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