NWCCU 2016 Annual Report

Welcome to the 2016 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 6, 2016. 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.

Submit date: Oct 6, 2016

Please enter your institutional password here:	
	S1: Institutional Information
	S1. Institutional information
Name of Institution:	
Southwestern Oregon Community College	
Institution Information:	
Mailing Address:	1988 Newmark Avenue
Address 2:	
City:	Coos Bay
State/Province:	OR
Zip/Postal Code:	97420
Main Phone Number:	
Country:	USA
Chief Executive Officer	
Title (Dr., Mr., Ms., etc.):	Dr.
First Name:	Patty M.
Last Name:	Scott
Position (President, etc.):	President
Phone:	541-888-7400
Fax:	541-888-3258
Email:	pscott@socc.edu
Accreditation Liaison Officer	
Title (Dr., Mr., Ms., etc.):	Dr.
First Name:	Ross
Last Name: Position (Provost, etc.):	Tomlin Vice President of Instruction and Student Services
Phone:	541-888-7417
Fax:	541-888-7625
Email:	rtomlin@socc.edu
Chief Financial Officer	
Title (Dr., Mr., Ms., etc.):	Mr.
First Name:	Eric
Last Name:	Stasak
Position Title (Provost, etc.):	Vice President of Administrative Services
Phone: Fax:	541-888-7402 541-888-7625
Email:	eric.stasak@socc.edu
LITRII.	enc.stasan@socc.euu
	S2: Institutional Demographics
Institution Type (select one)	
✓ Public	
Degree Levels Offered (check all that apply)	
Associate	
Baccalaureate	
Master	
Doctorate	

	Have changes been made in the Articles of Incorporation here:	on and/or Bylaws since the 2015 Annual Report was filed? If y	yes, please upload a copy of the revised document(s)
	Choose File No file selected		
	✓ No		
	Calendar Plan:		
	Semester		
	Quarter		
	<u></u>		
	Trimester		
	Other		
	Students (all locations)		
		Unduplicated Headcount	Full-Time Equivalent (FTE)
	(a) Undergraduate	1550	1132
	(b) Graduate (if applicable)		
	(c) Unclassified	2219	1265
	TOTALS	3769	2397
	Faculty (all locations)		
		Unduplicated Headcount	Full-Time Equivalent (FTE)
	(a) Full-Time	51	51
	(b) Part-Time	144	15.48
	TOTALS	195	66.48
>	Institutional Finances: (All institutions respond. If NONE, indicate N/A.) For definitions, click here. For U.S. institutions, plea	ase upload a complete copy of the 2015-2016 IPEDS Fi	nance Report. For Canadian institutions, please
	upload a copy of the Consolidated Financial Repo		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Choose File No file selected		
	Expenses	\$28,537,	651
	Operating Deficit	\$7,500,5	517
	Accumulated Deficit	\$7,500,5	117
	<u>Cohort default rate</u> on Title IV, HEA subsidized and not include loans made directly to parents, such a	unsubsidized loans in which the student is the designals as PLUS loans.	ated borrower for the cohort fiscal year of 2012. Do
	Cohort fiscal year 2012 Default Rate:	19.4%	
		growth? NWCCU's Significant Growth Policy defines significa 50% over a two-year period (two consecutive institutional fisc	
	Yes		
	● No		
	Does your institution use its accreditation or pre-accred Education Act (HEA) programs, including Title IV funding	ditation with the Northwest Commission on Colleges and Unig?	versities to establish eligibility to participate in Higher

Yes No

S3: New Degree/Certificate Programs

This listing does not substitute for formal substantive change submission to NWCCU.

New degree/certificate programs offered <u>since</u> your	2015 Annual Report was filed. If NONE,so inc	dicate.	
	Certificate/Degree Level	Program Name	Discipline or Program Area
1.	Associate of Applied Science	Baking Management	Culinary
2.	Associate of Applied Science	Culinary Management	Culinary
3.	Certificate of Completion	Clinical Laboratory Assistant	Allied Health
4.	Certificate of Completion	Dental Assisting	Allied Health
5.	Less Than One Year Certificate of Completion	Geographic Information Systems	Science
6.	Career Pathway Certificate of Completion	Basic Allied Health Care	Allied Health
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

S4: Terminated Degree/Certificate Programs

This listing does not substitute for formal substantive change submission to NWCCU.

Degree/Certificate programs of 30 s	semester/45 quarter credits or more in length <u>terminated</u> in	2015-2016. If <i>NONE,</i> so indicate.	
	Certificate/Degree Level	Program Name	Discipline or Program Area
1.	Statewide Certificate of Completion	Green Industrial Maintenance Technician	Science
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
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. This listing does not substitute for formal substantive change submission to NWCCU.



>	Contractual Relationships					
		External Agency/Organization	Program(s)/Course(s) Name(s)	Degree/Certificate Level	Student Headcount	Accredited Institution/Organization? (Yes/No)
	1.	INGRAIN	Community Education	Chef Certification	222	✓ No
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					

Substantive Changes			
	Certificate/Degree Level	Program Name	Discipline or Program Area
1.	Associate of Applied Science	Baking Management	Culinary
2.	Associate of Applied Science	Culinary Management	Culinary
3.	Certificate of Completion	Clinical Laboratory Assistant	Allied Health
4.	Certificate of Completion	Dental Assisting	Allied Health
5.	Less Than One Year Certificate of Completion	Geographic Information Systems	Science
6.	Career Pathway Certificate of Completion	Basic Allied Health Care	Allied Health
7.			
8.			
9.			
10.			

S7: Domestic Off-Campus Instructional Sites

Domestic Certificates/Degree Programs where 50% or more of the credits are offered at any Off-Campus Instructional Sites 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. This listing does not substitute for formal substantive change submission to NWCCU.



Domestic Off-Campus Instructional Sites for Certificates	& Degree Pro	grams						
	Institution Name	Location Name	Physical Street Address	Degree/Certificate Name/Level	Program Name	Student Enrollment (Unduplicated Headcount)	On-Site Staff (Yes or No)	Co- Sponsoring Organization (if applicable
1.	Southwestern Oregon Community College	Curry Campus	96082 Lone Ranch Rd Brookings OR	See attached list	See attached list	See attached list	See attached list	See attached list
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
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, including ITV, online, and competency-based education. Adjust entries to category listings below as appropriate. 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. This listing does not substitute for formal substantive change submission to NWCCU.



Distance Education								
	Institution Name	Location Name	Physical Street Address	Degree/Certificate Name/Level	Program Name	Student Enrollment (Unduplicated Headcount)	On-Site Staff (Yes or No)	Co- Sponsoring Organization (if applicable)
1.	Southwestern Oregon Community College		1988 Newmark Avenue Coos Bay, OR 97420	See attached list	See attached list	See attached list	See attached list	See attached list
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

S9: International Sites

International Sites								
	Institution Name	Location Name	Physical Street Address	Degree/Certificate Name/Level	Program Name	Student Enrollment (Unduplicated Headcount)	On-Site Staff (Yes or No)	Co- Sponsoring Organization (if applicable)
1.	NONE							
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
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 enter the specific institutional code provided to the President of your institution. Use of this code constitutes an electronic signature by the President and will be accepted by NWCCU as formal acceptance and responsibility for the data contained in this survey.