

**Coordinating Board for Higher Education  
Application for Certification to Operate**

**Correspondence Students Enrolled by Program and Gender  
DHE 02-C**

\_\_\_\_\_ School ID \_\_\_\_\_ School Name

\_\_\_\_\_ Authorized Signature

\_\_\_\_\_ Reporting Period: Calendar Year 2013

\_\_\_\_\_ Date

Lines 1-16 apply only to Missouri residents enrolled in the school.

Line 17 should report data for all non-Missouri students enrolled in the school.

Program Name	Line	CIP	Male	Female	Total
	01				0
	02				0
	03				0
	04				0
	05				0
	06				0
	07				0
	08				0
	09				0
	10				0
	11				0
	12				0
	13				0
	14				0
	15				0
Total Missouri Residents Enrolled	16		0	0	0
Total Non-Missouri Residents Enrolled	17				0
Grand Total	18		0	0	0

Create and print duplicate files if additional lines are needed to list all programs.