COORDINATING BOARD FOR HIGHER EDUCATION

**APPLICATION FOR RECERTIFICATION TO OPERATE**

**CORRESPONDENCE STUDENTS ENROLLED BY PROGRAM AND GENDER**

**DHE 02-C**

**Instructions**

**School ID:** Enter the identification number as given on last year’s Certificate to Operate as assigned by the MDHE (lower right hand corner).

**School Name:** Official name of the institution as shown on the application for certification.

**Authorized Signature:** Signature of the school official responsible for data accuracy.

**Date:** Date (month/day/year) the form was completed.

Lines 01-15: List each program offered by the school in which students were enrolled during the calendar year of the report.

Line 16: **(Total Missouri Residents Enrolled)**--Sum of Lines 01-15 for each column of the report.

Line 17: **(Total Non-Missouri Residents Enrolled)**--Enter the total number of non-Missouri residents enrolled in all programs offered by the school for each column of the report.

Line 18: **(Grand Total)**--Sum of Lines 16 and 17 for columns (3), (4), and (5).

Column (1): **(Program Name)**--List each program offered by the school in which students were enrolled during the calendar year of the report.

Column (2): **(CIP)**--Classification of Instructional Programs. For each program listed, enter the appropriate Classification of Instructional Programs (CIP) code. The CIP code listed for each program must agree with the code listed on the official program inventory (Item 43). If the CIP code was changed or the program was deleted, use the last reported CIP for the program.

Column (3): **(Male)**--Number of male students enrolled.

Column (4): **(Female)**--Number of female students enrolled.

Column (5): **(Total)**--Total number of students enrolled.

* *Because the form requires an original signature, it cannot be submitted electronically.*