COORDINATING BOARD FOR HIGHER EDUCATION
APPLICATION FOR CERTIFICATION TO OPERATE

CORRESPONDENCE STUDENTS ENROLLED BY PROGRAM AND GENDER
DHE 02-C

DHE __ __ __ __ - **0 0** _____
School ID School Name

_____
Authorized Signature

_____
Date Reporting Period: Calendar Year 2010

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 (1)	Line	CIP (2)	Male (3)	Female (4)	Total (5)
	01				
	02				
	03				
	04				
	05				
	06				
	07				
	08				
	09				
	10				
	11				
	12				
	13				
	14				
	15				
Total Missouri Residents Enrolled	16				
Total Non-Missouri Residents Enrolled	17				
Grand Total	18				