PAPERWORK REDUCTION ACT CHANGE WORKSHEET

| Agency/Subagency | | OMB Control Number |
|--|------------------|------------------------|
| National Center for Education Statistics, US Department of Education | | <u>1850-0852 v. 54</u> |
| Enter only items that change Current Record New Record | | |
| Agency form number(s) | <u>N/A</u> | N/A |
| | | |
| Annual reporting and record keeping hour burden | | |
| Number of respondents | <u>52040</u> —— | <u>52040</u> —— |
| Total annual responses | <u>52040</u> —— | <u>52040</u> —— |
| Percent of these responses collected electronically | <u>100</u> | <u>100</u> |
| Total annual hours | <u>162943</u> —— | <u>162943</u> —— |
| Difference | | <u>0</u> |
| Explanation of difference | | <u>N/A</u> |
| Program Cha <u>n</u> ge | | |
| Adjustment | | <u>N/A</u> |
| Annual reporting and record keeping cost burden (in thousands of dollars) | | |
| Total annualized capital/startup costs | N/A | <u>N/A</u> |
| Total annual costs (O&M) | <u>N/A</u> | <u>N/A</u> |
| Total annualized cost requested | <u>N/A</u> | <u>N/A</u> |
| Difference | | <u>N/A</u> |
| | | |
| Explanation of difference | | |
| Program Change | | <u>N/A</u> |
| Adjustment | | <u>N/A</u> |
| Other change** In response to requirements made by the reauthorization of the Higher Education Action, we are requesting that the following changes be made to the IPEDS information collection: 1) Add a check-box item to the Institutional Characteristics component to obtain information on alternative tuition plans 2) Add an item to the Fall Enrollment component to allow, in combination with other data items already being collected, for the calculation of a Fall 2008 student-to-faculty ratio for programs with undergraduates. 3) Add the following text to the survey instructions for the item that requires the reporting of the institution's website in the Institutional Characteristics 4) Revise instructions to the Student Financial Aid component for the item that collects the "Number of students in the cohort who received any financial aid." The instructions will be clarified to include Federal Work Study. These changes are described in greater detail in the attached memo. | | |
| Signature of Senior Officer or designee: | Date: | For OIRA Use |

**This form cannot be used to extend an expiration date
OMB 83-C