**College Affordability and Transparency Explanation Form**

*Section 1: Background Information*

The following PRA statement will be visible on the log-in page

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1840–[XXXX]. The time required to complete this information is estimated to average 3 hours per institution, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate or suggestions for improving this collection, please write to: U.S. Department of Education, Washington, DC 20202–4537. If you have any comments or concerns regarding the status of your individual submission of this information, write directly to: College Affordability and Transparency Explanation Form, Office for Postsecondary Education, 1990 K Street, NW, Washington, DC 20006.

**College Affordability and Transparency Explanation Form**

Your institution has been identified as one whose increases over the most recent three academic years for which data are available in tuition and fees, or net price after grant and scholarship aid, fell in the top five percent within your sector. Therefore, you were included on one of the lists that were posted at on June 30, 2011, at <http://collegecost.ed.gov/catc/Default.aspx>. According to the Higher Education Opportunity Act, Section 111, Part C, all institutions included on the highest increase lists are required to provide additional information to the Secretary of Education regarding costs at your institution to help explain why charges to students are increasing at the rate they are. Please complete the form below. You must complete the information below by *xxxx*, 2012.

**Section 1: General information**

1. IPEDS UnitID

[Name of institution will be pulled in based on IPEDS UnitID]

2. Contact information for person filling out the form if other than IPEDS keyholder:

 a) Name

 b) Position

 c) Phone number

 d) E-mail address

1. Was the three-year increase in tuition and fees and/or net prices due to your institution reporting inaccurate data to IPEDS?

 No Yes

If you answered “No”, then please skip to Section 2. If you answered “Yes”, then please describe the steps that have been put in place to improve the reporting of accurate data to IPEDS in a timely manner; this is the last question you will respond to on the survey.

1. For institutions on the net prices increase list *only*, was the three-year increase in net prices the result of an institutional change in the methodology used to calculate the data for net price?

 No Yes

If you answered “No”, then please skip to Section 2. If you answered “Yes”, then please provide a detailed explanation of why the institution changed the methodology utilized, as well as the differences between the previous methodology used for the net price calculation and the one more recently used. This response will be reviewed by staff once it is submitted; if approved, this will be the last question you will respond to on the survey.

**Section 2: Cost increase description**

A. Please check the boxes that best describe the *five* major areas in your institution’s budget with the greatest cost (expenses) increases over the three-year period. Once you have checked a box, please indicate the total dollar amount for each cost area for the first and last year of the three-year period. The three-year percent change will be calculated for you. You will have to provide more information about these expenses in the following screens.

*Section 2: Cost increase description*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Cost area** (*definition will pop-up when clicked on*) | **Check box** |  | **Year 1 Amount** |  | **Year 3 Amount** |  | **3-year % change**  |
|  |  |  |  |  |  |  |  |
| Administrative and managerial salaries |   |  |   |  |   |  |   |
|  |  |  |  |  |  |  |  |
| Auxiliary enterprises  |   |  |   |  |   |  |   |
|  |  |  |  |  |  |  |  |
| Debt service |   |  |   |  |   |  |   |
|  |  |  |  |  |  |  |  |
| Faculty salaries |   |  |   |  |   |  |   |
|  |  |  |  |  |  |  |  |
| Health benefits |   |  |   |  |   |  |   |
|  |  |  |  |  |  |  |  |
| Information technology |   |  |   |  |   |  |   |
|  |  |  |  |  |  |  |  |
| Institutional student grant aid |   |  |   |  |   |  |   |
|  |  |  |  |  |  |  |  |
| Intercollegiate athletics |   |  |   |  |   |  |   |
|  |  |  |  |  |  |  |  |
| Marketing and advertising |   |  |   |  |   |  |   |
|  |  |  |  |  |  |  |  |
| Research  |   |  |   |  |   |  |   |
|  |  |  |  |  |  |  |  |
| Retirement benefits |   |  |   |  |   |  |   |
|  |  |  |  |  |  |  |  |
| Student services |   |  |   |  |   |  |   |
|  |  |  |  |  |  |  |  |
| Travel |   |  |   |  |   |  |   |
|  |  |  |  |  |  |  |  |
| Utilities |   |  |   |  |   |  |   |
|  |  |  |  |  |  |  |  |
| Other  |   |  |   |  |   |  |   |

**At least one box above must be checked before you will be able to fill out the next section. If there have been no cost increases, then indicate the budget areas with no change or the lowest decreases. These data will be compared against your previously reported IPEDS Finance data to ensure that your institution has not increased spending in any area.**

Your institution’s FTE student enrollment counts for the first and last year of the three-year period have been carried over from IPEDS and will be used to calculate the per FTE student dollar amounts and the resulting percent change for those amounts for the cost areas indicated in the previous section. If you would like to provide information on how the change in FTE student enrollment has impacted student tuition and fees or net price, please do so in the “Additional Information” box at the end of Section 5.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year 1 Amount** |  | **Year 3 Amount** |  | **3-year % change**  |
| FTE student enrollment |  |  |  |  |
|   |  |   |  |   |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Cost area per FTE student**  | **Year 1 Amount** |  | **Year 3 Amount** |  | **3-year % change per FTE**  |
|  |  |  |  |  |  |
| Administrative and managerial salaries |   |  |   |  |   |
|  |  |  |  |  |  |
| Auxiliary enterprises  |   |  |   |  |   |
|  |  |  |  |  |  |
| Debt service |   |  |   |  |   |
|  |  |  |  |  |  |
| Faculty salaries |   |  |   |  |   |
|  |  |  |  |  |  |
| Health benefits |   |  |   |  |   |
|  |  |  |  |  |  |
| Information technology |   |  |   |  |   |
|  |  |  |  |  |  |
| Institutional student grant aid |   |  |   |  |   |
|  |  |  |  |  |  |
| Intercollegiate athletics |   |  |   |  |   |
|  |  |  |  |  |  |
| Marketing and advertising |   |  |   |  |   |
|  |  |  |  |  |  |
| Research  |   |  |   |  |   |
|  |  |  |  |  |  |
| Retirement benefits |   |  |   |  |   |
|  |  |  |  |  |  |
| Student services |   |  |   |  |   |
|  |  |  |  |  |  |
| Travel |   |  |   |  |   |
|  |  |  |  |  |  |
| Utilities |   |  |   |  |   |
|  |  |  |  |  |  |
| Other \_ \_\_\_\_\_\_\_\_\_\_\_  |  |  |  |  |  |

B. If, in addition to the increased in expenses indicated above, your institution’s budget has had decreases in major sources of revenue over the three-year time period that have impacted charges to students, please check the boxes that best describe those affected revenue sources (check all that apply). Once you have checked a box, please indicate the total dollar amount for each revenue area for the first and last year of the three-year period. The three-year percent change will be calculated for you. If you would like to provide an explanation for the decreases in revenues please do so in the “Additional Information” box at the end of Section 5.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Revenue source** *(definition will pop-up when clicked on)* | **Check box** |  | **Year 1 Amount** |  | **Year 3 Amount** |  | **3-year % change**  |
|  |  |  |  |  |  |  |  |
| Endowment transfer to operating budget |   |  |   |  |   |  |   |
|  |  |  |  |  |  |  |  |
| Federal sources |   |  |   |  |   |  |   |
|  |  |  |  |  |  |  |  |
| Local appropriations |   |  |   |  |   |  |   |
|  |  |  |  |  |  |  |  |
| Private gifts, grants, and contracts |   |  |   |  |   |  |   |
|  |  |  |  |  |  |  |  |
| State appropriations |   |  |   |  |   |  |   |
|  |  |  |  |  |  |  |  |
| Other  |   |  |   |  |   |  |   |

Amounts for revenues per FTE student enrollment and the three-year percent change in these per FTE student amounts will be calculated using the values entered above.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Revenue source per FTE student** *(definition will pop-up when clicked on)* | **Year 1 Amount** |  | **Year 3 Amount** |  | **3-year % change per FTE**  |
|  |  |  |  |  |  |
| Endowment transfer to operating budget |   |  |   |  |   |
|  |  |  |  |  |  |
| Federal sources |   |  |   |  |   |
|  |  |  |  |  |  |
| Local appropriations |   |  |   |  |   |
|  |  |  |  |  |  |
| Private gifts, grants, and contracts |   |  |   |  |   |
|  |  |  |  |  |  |
| State appropriations |   |  |   |  |   |
|  |  |  |  |  |  |
| Other  |   |  |   |  |   |

**Section 3: Cost increase explanation**

*Section 3: Cost increase explanation*

Please provide an explanation for each of the **cost increases** indicated in Section 2A.

 Cost area A: *(these will populate based on checkboxes in 2A)*

 Cost area B:

 Cost area C:

 Cost area D:

Cost area E:

**Section 4: Steps towards cost reduction**

*Section 4: Cost reductions*

Describe the steps your institution has taken or will take toward the goal of reducing costs in the areas described in Section 2A. If your institution does not plan on reducing the costs, please explain why not.

 If the institution has been on the tuition and fees/net price increase college affordability list for two or more consecutive years, please describe the progress made on the steps to reduce costs that were provided on this form last year. (\*This will not appear until the 2nd annual collection.)

Cost area A: *(these will populate based on checkboxes in 2A)*

 Cost area B:

 Cost area C:

 Cost area D:

 Cost area E:

**Section 5: Control of student charges:**

*Section5: Control of cost increases*

Are student charges (tuition and fee rates) within the exclusive control of the institution?

 No Yes

If “No” is selected then the user will have to enter the information in the boxes below.

1. identify the agency or agencies responsible for determining the tuition and fee increases

B) provide an explanation of the extent to which the institution participates in determining the tuition and fee increases

Please use this space to provide any other information your institution considers relevant to increases in tuition and fees or net prices charged to students at your institution. Information on how changes in enrollment have impacted student charges should be included here.

*Section 6: Burden Estimate*

Did you find the estimated burden amount of 3 hours to be accurate for this survey?

No Yes

If “No” is selected then the user will have to answer the following question:

|  |  |
| --- | --- |
|   |  |

How long did it take you to complete this survey?