**College Affordability and Transparency Explanation Form**

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 in tuition and fees, or net price after grant and scholarship aid, over the most recent three academic years for which data are available fell in the top five percent within your sector. Therefore, you were included on one of the lists that were posted at <http://collegecost.ed.gov/catc/Default.aspx> on June XX, 2012. 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.

Please complete the following form, which collects information regarding costs at your institution. You must complete this form no later than *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

**Section 2: Cost increase description**

*[No data will be collected in this section]*

Data that your institution reported as expenses in Part C of the IPEDS Finance (F) component in *Year 1* and *Year 3* have been carried forward below. The three-year percentage change has been calculated for you, and the cost areas with the greatest increases have been highlighted.

Your institution’s full-time equivalent (FTE) student enrollment counts for the first and last year of the three-year period have also been carried over from the IPEDS 12-month Enrollment component (E12). The three-year percentage change has also been calculated for you.

If you have questions about the data presented in this section, please contact the IPEDS keyholder at your institution.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Cost area**(*based on IPEDS Finance component Expenses in Part C)* | **Total Amount** | **Salaries and Wages** | **Employee Fringe Benefits** | **Operation and Maintenance of Plant** | **Depreciation** | **Interest** |
| **yr 1** | **yr 3** | **%△** | **yr 1** | **yr 3** | **%△** | **yr 1** | **yr 3** | **%△** | **yr 1** | **yr 3** | **%△** | **yr 1** | **yr 3** | **%△** | **yr 1** | **yr 3** | **%△** |
| **Instruction** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Research** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Public service** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Academic support** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Student services** |  |  | *No data entry required. Data will be carried forward from IPEDS F. Percentage changes will be calculated automatically and displayed.* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Institutional support** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Operation and maintenance of plant** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Scholarships and fellowships expenses, excluding discounts and allowances** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Auxiliary enterprises** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Hospital services** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Independent operations** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Year 1** | **Year 3** | **3-year % Change** |
| **FTE Student Enrollment** | *Carried forward from**IPEDS E12* | *Carried forward from**IPEDS E12* | *Calculated* |

*[Note: The table of cost areas in this section is carried forward from Part C of the IPEDS Finance survey component form completed by the institution. The table is subject to changes to Part C of the IPEDS Finance survey component and will be updated as necessary.]* **Section 3: Cost increase explanation**

Please provide an explanation for the cost areas with the highest percentage increases in Section 2.

**Cost Area# 1:** *[Automatically populated based on cost area with the largest increase]*

**Cost Area# 2:** *[Automatically populated based on cost area with the 2nd largest increase]*

**Cost Area# 3:** *[Automatically populated based on cost area with the 3rd largest increase]*

Please use the space below to provide information about other cost areas that contribute to increases in tuition and fees or net prices charged to students.

**Section 4: Steps towards cost reduction**

Describe the steps your institution has taken or will take toward the goal of reducing costs in the areas described in Section 2. 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# 1:** *[Automatically populated based on cost area with the largest increase]*

**Cost Area# 2:** *[Automatically populated based on cost area with the 2nd largest increase]*

**Cost Area# 3:** *[Automatically populated based on cost area with the 3rd largest increase]*

Please use the space below to provide additional information about steps your institution is taking to reduce costs.

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

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

 No Yes

*[If “No” is selected, the user will enter the information in the boxes below.]*

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

1. Provide an explanation of the extent to which the institution participates in determining the tuition and fee increases
2. Please use the space below to provide any other information your institution considers relevant to increases in tuition and fees or net prices charged to students

**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 many hours did it take you to complete this survey?