

**INSTITUTIONAL ACTIVITY**  
**Summer and Fall 2009 Terms and Winter and Spring 2010 Terms**

Institution Name	SEDCODE:
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*THE INFORMATION PROVIDED ON THIS FORM SHOULD CONTAIN DATA FOR ONLY THE INSTITUTION LISTED ABOVE. If multi-campus institutions have questions concerning which branches to include, please contact State Education Department staff at [heds@mail.nysed.gov](mailto:heds@mail.nysed.gov) or 518-474-5091.*

- Institutions are expected to submit forms electronically using our online forms or the Microsoft Access forms available from the ORIS web site at <http://www.highered.nysed.gov/oris/>. Two forms are only available in paper format (Word, PDF): Current College Catalog (CATALOG) and Audited Financial Statement (F.AUDIT).
- Return completed paper forms by:  
    **Mail:**  
        NYS Education Department  
        Office of Research and Information Systems  
        Room 966 Education Building Annex  
        Albany, NY 12234  
    **Or Fax:** 518-474-1907
- With the exception of the Bundy forms (NYSED-2) do not make a duplicate paper submission of an electronic data submission. Independent institutions participating in the Bundy program must provide a paper copy printed from their electronic submission in order to affix the required notarized signature and seal.
- Retain a copy of the completed form in your files in case there's a need for clarification.
- If you anticipate a delay in returning this form, request an extension in writing by e-mail, fax or mail stating the reason for the delay and the anticipated submission date.
- If you have questions regarding completion of the form, please contact the Office of Research and Information Systems at:  
    E-Mail: [heds@mail.nysed.gov](mailto:heds@mail.nysed.gov)  
    Fax: (518) 474-1907  
    Phone: (518) 474-5091

**IMPORTANT: FOR PAPER SUBMISSIONS PLEASE RETURN THIS COVER PAGE AND ALL PAGES EXCEPT INSTRUCTIONS EVEN IF THEY CONTAIN NO DATA.**

DUE DATE: NOVEMBER 1, 2010

**Form Processing Information**

Form:	INSTITUTIONAL ACTIVITY		
SEDCODE:			
Institution Name:			

**Respondent Information** (To better direct our questions about your data, please enter the name of the person who aggregated the majority of the data for this form for this campus.)

Name:			
Title:			
Telephone: (    )	Ext.	Facsimile No.: (    )	Ext.
E-Mail Address:			

TOTAL -- (Check "Total" box at right if all applicable branches are included, **Total**  *otherwise, list branches below.*)

List branches included (if <i>not</i> all branches):	List <i>applicable</i> branches not included:

Indicate **Time Required** retrieving information from files and completing this form.

Hours spent by all staff (whole numbers)	
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**Notes and Explanations** regarding data provided and/or comments about this form and its completion.


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DUE DATE: NOVEMBER 1, 2010

**INSTITUTIONAL ACTIVITY**

**INSTITUTION NAME:**

Students reported on this form are on the following calendar system (check one)

Semester	Quarter	Trimester	4-1-4	Other : Specify: _____
<input type="checkbox"/>				

If your institution offers more than one calendar system, please provide a separate report for each system and indicate which calendar system is represented.

**PART 1: TWELVE-MONTH ACTIVITY LEVELS**

**FOR THE Summer and Fall 2009 Terms and Winter and Spring 2010 Terms**

	<b>Line No.</b>	<b>Degree Work: Credit Hours Attempted (1)</b>	<b>Pre-college Work: Contact Hours Attempted (2)</b>	<b>Unduplicated (Row Only) Number of Students** (3)</b>
First-Time Undergraduates*	1			
All Undergraduates	2			
Graduate Level Students	3			
First-Professional Students	4			
High School Students***	5			

\* Count all credits or hours attempted during the entire year for each student who was first time at any time during the year. Include high school students in line 1 as well as in line 5 only if they matriculated in a degree-credit program this year for the first-time.

\*\* Unduplicated refers to the row, not the column. Students who move from one student level to another during the year should be counted for each level. For example, students who were undergraduates only in the Fall should be counted on line 2 along with those credits taken while they were undergraduates. They should also be counted on line 3, if they are enrolled as graduate students in the Spring, along with all credits they attempted during the year as graduate students.

\*\*\* Include all high school students in credit courses regardless of whether they have matriculated or not. Those high schools students who are matriculated for the first time this year should also be included in line 1.

**DUE DATE: NOVEMBER 1, 2010**

**INSTITUTIONAL ACTIVITY**

<b>INSTITUTION NAME:</b>				
<b>PART 2</b>				
<b>FALL 2009 ACTIVITY LEVELS</b>				
<b>Type of Student</b>	<b>Line No.</b>	<b>Degree Work: Credit Hours Attempted (1)</b>	<b>Pre-college Work: Contact Hours Attempted (2)</b>	<b>Unduplicated (By Row) Number of Students (3)</b>
All Undergraduates	6			
Graduate Level Students	7			
First-Professional Students	8			
<b>First-Time Undergraduates</b>				
<b>By Mix of Coursework Taken</b>	<b>Line No.</b>	<b>Degree Work: Credit Hours Attempted (1)</b>	<b>Pre-college Work: Contact Hours Attempted (2)</b>	<b>Unduplicated (By Row) Number of Students (3)</b>
Taking College Level Courses Only	9			
Taking College Level AND Developmental or Remedial Courses	10			
Taking Developmental and/or Remedial Courses ONLY	11			
Total	12	Line 9+10+11	Line 10+11	line 9+10+11
<b>By Subject Area for all Pre-college Activity (Developmental &amp; Remedial Courses),</b>		<b>Course Enrollment/ Registrations</b>	<b>Pre-college work Contact Hours Attempted</b>	<b>Successful Completions By Column 1 Enrollees</b>
Math	13			
Reading	14			
Writing	15			
English as a Second Language (ESL –NON-CREDIT only)	16			
Study Skills	17			
All Other (specify)	18			