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BPPE Annual Report for 2015 - Institution

1. Report for Year: **2015**
2. Institution Name:
3. Institution Code (Enter institutional code (main location)):
4. Street Address (Physical Location):
5. City:
6. State:
7. Zip Code:

8. Check all that apply to this institution:

- For profit institution Sole Proprietor
 Non-profit institution Limited Liability Corporation (LLC)
 Publicly traded institution Partnership

9. Number of Branch Locations:

10. Number of Satellite Locations:

11 a. Is this institution current with all assessments to the Student Tuition Recovery Fund?

- Yes No

b. Is this institution current on Annual Fees?

- Yes No

12. Is your institution accredited by an accrediting agency/agencies recognized by the United States Department of Education? Select from the drop down box, and refer to the online instructions for selecting more than one accrediting agency. Include only full institutional approval, not programmatic approval.

- Yes No

**If you answered yes to the question above, please identify the accrediting agency. Please note that you can select more than one agency -in order to accomplish this make sure that you do the following:*

FOR PC USERS: While using the mouse to select items, make sure you hold down the Control (Ctrl) key at the same time.

FOR MAC USERS: While using the mouse to select items, make sure you hold down the Command (Cmd) key at the same time.

13. If your institution has specialized accreditation from a recognized United States Department of Education approved specialized/programmatic accreditor, list the accreditation:

14. Has any accreditation agency taken any formal disciplinary action against this institution? If Yes, please submit a paper copy of the action, refer to the Annual Report Completion Check Sheet.

- Yes No

15. Does your institution participate in federal financial aid programs under Title IV of the Federal Higher Education Act?

- Yes No

What is the total amount of Title IV funds received by your institution in 2015?

16. Does your institution participate in veteran's financial aid education programs?

- Yes No

What is the total amount of veteran's financial aid funds received by your institution in 2015?

17. Does your institution participate in the Cal Grant program?

- Yes No

What is the total amount of Cal Grant Funds received by your institution in 2015?

18. Is your institution on the California's Eligible Training Provider List (ETPL)?

- Yes No

19. Is your institution receiving funds from the Work Innovation and Opportunity Act (WIOA) Program?

Yes No

What is the total amount of WIOA funds received by your institution in 2015?

20. Does your Institution participate in, or offer any other government or non-governmental financial aid programs? (i.e., WIC, vocational rehab, private grants/loans, institutional grants/loans)

Yes No

If yes, please provide the name of the financial aid program:

21. The percentage of institutional income in 2015 that was derived from public funding:

22. If your institution reports a Cohort Default Rate to the U.S. Department of Education, enter the most recent three-year cohort default rate reported to the U.S. Department of Education for this institution: %

23. The percentage of the students who attended this institution in 2015 who received federal student loans to help pay their cost of education at the school was: %

24. Total number of students enrolled at this institution:

25. Number of Doctorate Degrees Offered:

26. Number of Students enrolled in Doctorate level programs at this Institution:

27. Number of Master Degrees Offered:

28. Number of Students enrolled in Master level programs at this institution:

29. Number of Bachelor Degrees Offered:

30. Number of Students enrolled in Bachelor level programs at this institution:

31. Number of Associate Degrees Offered:

32. Number of Students enrolled in Associate level programs at this institution:

33. Number of Diploma or Certificate Programs Offered:

34. Number of Students enrolled in Diploma or Certificate programs at this institution:

35. Institutions maintaining an internet web page are required to post on their website the most recent Annual Report submitted to the Bureau, Catalog, and School Performance Fact Sheet (CEC §94913).** Please post the documents to your website prior to submitting the certification and provide the links to the institution's Annual Report, 2015 Catalog, School Performance Fact Sheet, and the Enrollment Agreement below. If the institution does not maintain an internet website, leave this space blank.

**The Bureau recommends a portion of the school's website dedicated to providing students with the required information below. This section should include the Annual Report, Catalog, and Student Performance Fact Sheet.

Links

Institution's Website:

Performance Fact Sheet:

2015 Catalog:

Annual Report:

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- Yes
- No

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- No

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- No

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- No

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- No

What is the total amount of Cal Grant Funds received by your institution in 2015?

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What is the total amount of WIOA funds received by your institution in 2015?

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28. Number of Students enrolled in Master level programs at this institution:

29. Number of Bachelor Degrees Offered:

30. Number of Students enrolled in Bachelor level programs at this institution:

31. Number of Associate Degrees Offered:

32. Number of Students enrolled in Associate level programs at this institution:

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BPPE Annual Report for 2015 - Programs

Institution Information

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- 2. Institution Code (Enter institutional code (main location)):

Information for each Educational Program Offered at the Institution

- 3. Degree/Program Level: If "Other", please specify:
- 4. Degree/Program Title: If "Other Doctorate", "Other Master", "Other Bachelor", "Other Associate" or "Other" was chosen, please specify:
- 5. Name of Program (e.g. Business Administration, Massage, etc.):
- 6. Number of Degrees or Diplomas Awarded:
- 7. Total Charges for this program \$
- 8. Number of Students Who Began the Program:
- 9. Students Available for Graduation:
- 10. On-time Graduates:
- 11. Completion Rate:
- 12. 150% Completion Rate:
- 13. Is the above data taken from the data that was reported to and calculated by the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?
 Yes No

Placement

- 14. Graduates Available for Employment:
- 15. Graduates Employed in the Field:
- 16. Placement Rate:
- 17. Graduates employed in the field 20 to 29 hours per week:
- 18. Graduates employed in the field at least 30 hours per week:
- 19. Indicate the number of graduates employed:
 - Single position in field:
 - Concurrent aggregated positions in field (2 or more positions at the same time):
 - Freelance/self-employed:
 - By the institution or an employer owned by the institution, or an employer who shares ownership with the institution:

Exam Passage Rate

- 20. Does this educational program lead to an occupation that requires licensing?
 Yes No If "Yes", please provide the information below:

(For each of the last two years):

First Data Year

- 21. Year (YYYY):
- 22. Name of the licensing entity that licenses this field:
- 23. Name of Exam:
- 24. Number of Graduates Taking Exam:
- 25. Number Who Passed the Exam:
- 26. Number Who Failed the Exam:
- 27. Passage Rate:
- 28. Is this data from the licensing agency that administered the exam?
 Yes No
 Name of Agency:

29. If the response to #28 was "no" provide a description of the process used for Attempting to Contact Students:

[Empty text box for description]

Second Data Year

30. Year (YYYY): *Select the Year* ▼

31. Name of the licensing entity that licenses this field: [Text box]

32. Name of Exam: [Text box]

33. Number of Graduates Taking Exam: [Text box]

34. Number Who Passed the Exam: [Text box]

35. Number Who Failed the Exam: [Text box]

36. Passage Rate: [Text box]

37. Is this data from the licensing agency that administered the exam?

Yes No

Name of Agency: [Text box]

38. If the response to #37 was "no" provide a description of the process used for Attempting to Contact Students:

[Empty text box for description]

39. If graduates have the option or requirement for more than one type of licensing exam, click this box and provide the names of other licensing exam options:

Name of Option/Requirement: [Text box]

Name of Option/Requirement: [Text box]

Name of Option/Requirement: [Text box]

Salary Data

40. Graduates Available for Employment: 0 [Text box]

41. Graduates Employed in the Field: 0 [Text box]

42. Graduates Employed in the Field Reported receiving the following Salary or Wage:

\$0 - \$5,000: 0 [Text box]

\$5,001 - \$10,000: 0 [Text box]

\$10,001 - \$15,000: 0 [Text box]

\$15,001 - \$20,000: 0 [Text box]

\$20,001 - \$25,000: 0 [Text box]

\$25,001 - \$30,000: 0 [Text box]

\$30,001 - \$35,000: 0 [Text box]

\$35,001 - \$40,000: 0 [Text box]

\$40,001 - \$45,000: 0 [Text box]

\$45,001 - \$50,000: 0 [Text box]

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\$60,001 - \$65,000: 0 [Text box]

\$65,001 - \$70,000: 0 [Text box]

\$70,001 - \$75,000: 0 [Text box]

\$75,001 - \$80,000: 0 [Text box]

\$80,001 - \$85,000: 0 [Text box]

\$85,001 - \$90,000: 0 [Text box]

\$90,001 - \$95,000: 0 [Text box]

\$95,001 - \$100,000: 0 [Text box]

Over \$100,000: 0 [Text box]

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BPPE Annual Report for 2015 - Programs

Institution Information

- 1. Report for Year: **2015**
- 2. Institution Code (Enter institutional code (main location)):

Information for each Educational Program Offered at the Institution

- 3. Degree/Program Level: If "Other", please specify:
- 4. Degree/Program Title: If "Other Doctorate", "Other Master", "Other Bachelor", "Other Associate" or "Other" was chosen, please specify:
- 5. Name of Program (e.g. Business Administration, Massage, etc.):
- 6. Number of Degrees or Diplomas Awarded:
- 7. Total Charges for this program \$
- 8. Number of Students Who Began the Program:
- 9. Students Available for Graduation:
- 10. On-time Graduates:
- 11. Completion Rate:
- 12. 150% Completion Rate:
- 13. Is the above data taken from the data that was reported to and calculated by the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?
 Yes No

Placement

- 14. Graduates Available for Employment:
- 15. Graduates Employed in the Field:
- 16. Placement Rate:
- 17. Graduates employed in the field 20 to 29 hours per week:
- 18. Graduates employed in the field at least 30 hours per week:
- 19. Indicate the number of graduates employed:
 - Single position in field:
 - Concurrent aggregated positions in field (2 or more positions at the same time):
 - Freelance/self-employed:
 - By the institution or an employer owned by the institution, or an employer who shares ownership with the institution:

Exam Passage Rate

- 20. Does this educational program lead to an occupation that requires licensing?
 Yes No If "Yes", please provide the information below:

(For each of the last two years):

First Data Year

- 21. Year (YYYY):
- 22. Name of the licensing entity that licenses this field:
- 23. Name of Exam:
- 24. Number of Graduates Taking Exam:
- 25. Number Who Passed the Exam:
- 26. Number Who Failed the Exam:
- 27. Passage Rate:
- 28. Is this data from the licensing agency that administered the exam?
 Yes No
 Name of Agency:

29. If the response to #28 was "no" provide a description of the process used for Attempting to Contact Students:

[Empty text box for description]

Second Data Year

30. Year (YYYY): *Select the Year* ▼

31. Name of the licensing entity that licenses this field: [Text box]

32. Name of Exam: [Text box]

33. Number of Graduates Taking Exam: [Text box]

34. Number Who Passed the Exam: [Text box]

35. Number Who Failed the Exam: [Text box]

36. Passage Rate: [Text box]

37. Is this data from the licensing agency that administered the exam?

Yes No

Name of Agency: [Text box]

38. If the response to #37 was "no" provide a description of the process used for Attempting to Contact Students:

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Salary Data

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- 11. Completion Rate:
- 12. 150% Completion Rate:
- 13. Is the above data taken from the data that was reported to and calculated by the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?
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Exam Passage Rate

- 20. Does this educational program lead to an occupation that requires licensing?
 Yes No If "Yes", please provide the information below:

(For each of the last two years):

First Data Year

- 21. Year (YYYY):
- 22. Name of the licensing entity that licenses this field:
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 Name of Agency:

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Name of Option/Requirement:

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\$5,001 - \$10,000:

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\$15,001 - \$20,000:

\$20,001 - \$25,000:

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\$30,001 - \$35,000:

\$35,001 - \$40,000:

\$40,001 - \$45,000:

\$45,001 - \$50,000:

\$50,001 - \$55,000:

\$55,001 - \$60,000:

\$60,001 - \$65,000:

\$65,001 - \$70,000:

\$70,001 - \$75,000:

\$75,001 - \$80,000:

\$80,001 - \$85,000:

\$85,001 - \$90,000:

\$90,001 - \$95,000:

\$95,001 - \$100,000:

Over \$100,000:

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Information for each Educational Program Offered at the Institution

- 3. Degree/Program Level: If "Other", please specify:
- 4. Degree/Program Title: If "Other Doctorate", "Other Master", "Other Bachelor", "Other Associate" or "Other" was chosen, please specify:
- 5. Name of Program (e.g. Business Administration, Massage, etc.):
- 6. Number of Degrees or Diplomas Awarded:
- 7. Total Charges for this program \$
- 8. Number of Students Who Began the Program:
- 9. Students Available for Graduation:
- 10. On-time Graduates:
- 11. Completion Rate:
- 12. 150% Completion Rate:
- 13. Is the above data taken from the data that was reported to and calculated by the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?
 Yes No

Placement

- 14. Graduates Available for Employment:
- 15. Graduates Employed in the Field:
- 16. Placement Rate:
- 17. Graduates employed in the field 20 to 29 hours per week:
- 18. Graduates employed in the field at least 30 hours per week:
- 19. Indicate the number of graduates employed:
 - Single position in field:
 - Concurrent aggregated positions in field (2 or more positions at the same time):
 - Freelance/self-employed:
 - By the institution or an employer owned by the institution, or an employer who shares ownership with the institution:

Exam Passage Rate

- 20. Does this educational program lead to an occupation that requires licensing?
 Yes No If "Yes", please provide the information below:

(For each of the last two years):

First Data Year

- 21. Year (YYYY):
- 22. Name of the licensing entity that licenses this field:
- 23. Name of Exam:
- 24. Number of Graduates Taking Exam:
- 25. Number Who Passed the Exam:
- 26. Number Who Failed the Exam:
- 27. Passage Rate:
- 28. Is this data from the licensing agency that administered the exam?
 Yes No
 Name of Agency:

29. If the response to #28 was "no" provide a description of the process used for Attempting to Contact Students:

[Empty text box for description]

Second Data Year

30. Year (YYYY): *Select the Year* ▼

31. Name of the licensing entity that licenses this field: [Text box]

32. Name of Exam: [Text box]

33. Number of Graduates Taking Exam: [Text box]

34. Number Who Passed the Exam: [Text box]

35. Number Who Failed the Exam: [Text box]

36. Passage Rate: [Text box]

37. Is this data from the licensing agency that administered the exam?

Yes No

Name of Agency: [Text box]

38. If the response to #37 was "no" provide a description of the process used for Attempting to Contact Students:

[Empty text box for description]

39. If graduates have the option or requirement for more than one type of licensing exam, click this box and provide the names of other licensing exam options:

Name of Option/Requirement: [Text box]

Name of Option/Requirement: [Text box]

Name of Option/Requirement: [Text box]

Salary Data

40. Graduates Available for Employment: 0 [Text box]

41. Graduates Employed in the Field: 0 [Text box]

42. Graduates Employed in the Field Reported receiving the following Salary or Wage:

\$0 - \$5,000: 0 [Text box]

\$5,001 - \$10,000: 0 [Text box]

\$10,001 - \$15,000: 0 [Text box]

\$15,001 - \$20,000: 0 [Text box]

\$20,001 - \$25,000: 0 [Text box]

\$25,001 - \$30,000: 0 [Text box]

\$30,001 - \$35,000: 0 [Text box]

\$35,001 - \$40,000: 0 [Text box]

\$40,001 - \$45,000: 0 [Text box]

\$45,001 - \$50,000: 0 [Text box]

\$50,001 - \$55,000: 0 [Text box]

\$55,001 - \$60,000: 0 [Text box]

\$60,001 - \$65,000: 0 [Text box]

\$65,001 - \$70,000: 0 [Text box]

\$70,001 - \$75,000: 0 [Text box]

\$75,001 - \$80,000: 0 [Text box]

\$80,001 - \$85,000: 0 [Text box]

\$85,001 - \$90,000: 0 [Text box]

\$90,001 - \$95,000: 0 [Text box]

\$95,001 - \$100,000: 0 [Text box]

Over \$100,000: 0 [Text box]

Submit

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BPPE Annual Report for 2015 - Programs

Institution Information

- 1. Report for Year: **2015**
- 2. Institution Code (Enter institutional code (main location)):

Information for each Educational Program Offered at the Institution

- 3. Degree/Program Level: If "Other", please specify:
- 4. Degree/Program Title: If "Other Doctorate", "Other Master", "Other Bachelor", "Other Associate" or "Other" was chosen, please specify:
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- 11. Completion Rate:
- 12. 150% Completion Rate:
- 13. Is the above data taken from the data that was reported to and calculated by the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?
 Yes No

Placement

- 14. Graduates Available for Employment:
- 15. Graduates Employed in the Field:
- 16. Placement Rate:
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Exam Passage Rate

- 20. Does this educational program lead to an occupation that requires licensing?
 Yes No If "Yes", please provide the information below:

(For each of the last two years):

First Data Year

- 21. Year (YYYY):
- 22. Name of the licensing entity that licenses this field:
- 23. Name of Exam:
- 24. Number of Graduates Taking Exam:
- 25. Number Who Passed the Exam:
- 26. Number Who Failed the Exam:
- 27. Passage Rate:
- 28. Is this data from the licensing agency that administered the exam?
 Yes No
 Name of Agency:

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[Empty text box for description]

Second Data Year

30. Year (YYYY): *Select the Year* ▼

31. Name of the licensing entity that licenses this field: [Text box]

32. Name of Exam: [Text box]

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Name of Option/Requirement: [Text box]

Name of Option/Requirement: [Text box]

Name of Option/Requirement: [Text box]

Salary Data

40. Graduates Available for Employment: 2 [Text box]

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\$25,001 - \$30,000: 0 [Text box]

\$30,001 - \$35,000: 2 [Text box]

\$35,001 - \$40,000: 0 [Text box]

\$40,001 - \$45,000: 0 [Text box]

\$45,001 - \$50,000: 0 [Text box]

\$50,001 - \$55,000: 0 [Text box]

\$55,001 - \$60,000: 0 [Text box]

\$60,001 - \$65,000: 0 [Text box]

\$65,001 - \$70,000: 0 [Text box]

\$70,001 - \$75,000: 0 [Text box]

\$75,001 - \$80,000: 0 [Text box]

\$80,001 - \$85,000: 0 [Text box]

\$85,001 - \$90,000: 0 [Text box]

\$90,001 - \$95,000: 0 [Text box]

\$95,001 - \$100,000: 0 [Text box]

Over \$100,000: 0 [Text box]

Submit

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