Commission on Colleges
Southern Association of Colleges and Schools
1866 Southern Lane
Decatur, Georgia 30033-4097

Deadline for submitting this Profile: January 18, 2008

INSTITUTIONAL PROFILE FOR GENERAL INFORMATION AND ENROLLMENT DATA FALL 2007

General Instructions

Before completing the Fall 2007 Profile, please

- ***Carefully*** read all directions
- Assign responsibility for the completion and accuracy of the form to the Accreditation Liaison.

Before returning the completed Fall 2007 Profile, please review the last page of this document to ensure that checklists are complete. Send one complete set *(printed and bound copy, CD or disk copy)* of current catalogs (*undergraduate, graduate and professional*) with your signed, original Profile. Catalogs are retained in the Commission's library, thus providing a catalog website address is not acceptable. Thank you for your prompt attention.

Please direct questions to Mrs. Donna Barrett at dbarrett@sacscoc.org or (404) 679-4501, ext. 574.

SECTION ONE: General Information

Part I:

A. Institutional Information

1. Institution's Official Name	Hazard Community and Technical College
2. Institution's Mailing Address *(Include street address, city, state, zip code. If institution has P.O. Box number, also include street address used for express mail.)*	One Community College Drive Hazard, KY 41701
3. Main Switchboard Telephone Number	606 / 436-5721
4. Institution's home Web Site Address *(Do not include http://)*	www.hazard.kctcs.edu
5. Institutional Governance or Control *(Private Not-For-Profit; Private For-Profit; or Public)*	Public
6. Institutional Religious Affiliation, if applicable *(please provide complete name)*	None
7. Calendar System (*semester, quarter, or other unit)*	Semester
8. Name of Governance System *(if applicable)* *(If public, Include name of governing board system, **not** state coordinating board)*	Kentucky Community & Technical College System

Part II:

A. Chief Executive Officer

9. Name	Dr. Allen Goben
10. Title	President/CEO
11. Office Mailing Address *(street, city, state, zip code)* *(Do not include institution's name)*	Hazard Community and Technical College One Community College Drive Hazard, KY 41701
12. Telephone Number	606 / 487-3100
13. Fax Number	606/ 487-0631
14. E-Mail Address	Allen.Goben@kctcs.edu

B. Chair of the Governing Board

15. Name	Mr. Richard A. Bean
16. Mailing Address *(street, city, state, zip code)*	KCTCS 300 North Main Street Versailles, KY 40383
17. Fax Number	859 / 256-3116
18. Term of office as Chair *(Indicate ending date of term)*	July 2001, ending 2009

C. Institution's Accreditation Liaison

The Commission asks each institution to appoint an Accreditation Liaison to serve as contact person for the Commission, supervise completion of institutional profiles, serve as a resource person for the institution's internal review process, work with follow up associated with review, serve as a resource person on accreditation standards and policies, and work with the institution's assigned commission staff to coordinate visits. This person should be an employee of the institution, not a consultant hired to assist with the institution's review, in accord with the *Principles for Accreditation*.

As Accreditation Liaison, this individual will be contacted if questions arise during review of this document. Therefore, the Accreditation Liaison should be knowledgeable about the information used to complete this Profile and should attest to its accuracy by completing "Signatures of Verification" on the last page of this document.

19. Name of Accreditation Liaison	Donna Combs
20. Title	Director, Institutional Planning, Research & Effectiveness
21. Office Mailing Address *(Include street address, city, state, zip code)* *(If a P.O. Box number is the current mailing address, also include the street address used for express mail.)* *(Do not include institution's name)*	One Community College Drive
	Hazard, KY 41701
22. Telephone Number	606 / 487-3103
23. Fax Number	606 / 487-0631
24. E-Mail Address	Donna.Combs@kctcs.edu

SECTION TWO: Enrollment Information *(for FTE and Headcount)*

A. Instructions for calculating FTE

Please report your institution's enrollment for the 2007 ***fall term*** in the right-hand column. When tabulating the total, ***include all degree and non-degree students***, ***wherever instruction occurs***. This applies to students enrolled in course work delivered at the main campus, off-campus sites, branch campuses, and course work delivered electronically. For the purpose of Commission use, please use the following definitions for your computation of FTE and ***not your institution's definition***.

A full-time undergraduate student is one enrolled for 12 or more credit hours.

A full-time post-baccalaureate/graduate student is one enrolled for 9 or more credit hours.

For-Credit, Full-Time Undergraduate and Post-Baccalaureate Students

1. Total number of full-time undergraduate students (those taking 12 or more credit hours):	**1,664**
2. Total number of full-time post-baccalaureate (master's or doctoral programs, or other for-credit programs) students (those taking 9 or more credit hours):	**0**

For-Credit, Part-Time Undergraduate and Post-Baccalaureate Students

3.a. Total hours of all undergraduate students carrying fewer than 12 credit hours (definition of part-time student): **8,616** (hours)	
b. Divide the total hours in *3a* by 12, rounding to the nearest whole number:	**718**
4.a. Total hours of all post-baccalaureate students (master's or doctoral programs, or other for-credit programs) carrying fewer than 9 credit hours (definition of part-time student): **0** (hours)	
b. Divide total hours in *4a* by 9, rounding to the nearest whole number:	**0**
5. Total of lines 1, 2, 3b, and 4b:	**2,382**

Non-Credit (Include continuing education. *Do not include non-credit courses taken by for-credit students as part of a for-credit program* such as labs, chapels, student success courses, remedial courses,etc. Count these under for-credit.)

6.a. For ***each*** non-credit course offered *in the 2007 fall term*, multiply the total number of contact hours for the course (as determined by your institution) by the total number of students enrolled in the course. Add resulting figures for all non-credit courses (See example below).	**18,148**
b. Divide combined total in *6a* by 168 if your institution is on a semester or trimester system (12 hours/week x 14 weeks), or by 120 if your institution is on a quarter system (12 hours/week x 10 weeks). Round the quotient to the nearest whole number	**108**

Total

7. Total of lines 5 and *6b*:	**2,490**

Example for calculating 6a above:

An institution has five non-credit courses. Course one has 17 students and 20 course contact hours; course two has 11 students and 15 contact hours; course three has 10 students and 15 contact hours; course four has 16 students and 5 contact hours; and course five has 14 students and 10 contact hours.

Calculation for Part 6a.	*Students*		*Contact Hours*		
Course one:	*17*	*x*	*20*	*=*	*340*
Course two:	*11*	*x*	*15*	*=*	*165*
Course three:	*10*	*x*	*15*	*=*	*150*
Course four:	*16*	*x*	*5*	*=*	*80*
Course five:	*14*	*x*	*10*	*=*	*140*
Calculation Total for Part 6a. =					*875*

B. Instructions for calculating Enrollment Headcount

Using your institution's definition, please report in the right hand column your enrollment **headcount** for the ***2007 fall term.*** When tabulating the total, ***include all degree and non-degree students***, ***wherever instruction occurs***. This applies to students enrolled in course work delivered at the main campus, off-campus sites, branch campuses, and course work delivered electronically.

Headcount Number of students taking courses for credit:

1. Total number of students enrolled as Full-Time Undergraduate Students	**1,664**
2. Total number of students enrolled as Full-Time Post-Baccalaureate Students	**0**
3. For-Credit, Part-Time Undergraduate Students	**2,794**
4 For-Credit, Part-Time Post-Baccalaureate Students	**0**
5. Total headcount number of students enrolled for credit courses (Total of lines 1-4)	**4,458**

All Students enrolled in non-credit courses *(total number enrolled in all non-credit courses)*	**2,157**

SIGNATURES OF VERIFICATION:

We certify that the information provided in this Profile is correct.

_____ _____
Signature of Chief Executive Officer Date

_____ _____
Signature of Accreditation Liaison Date

COMPLETION CHECKLIST :

☐ Are all sections of this Profile complete?

☐ Have the Accreditation Liaison and Chief Executive Officer provided signatures for verification?

NOTE: If you desire proof your submission has been received, please send it by a method which allows tracking and/or confirmation of receipt. Due to the volume of profiles received, and the December annual meeting of the COC, phone calls requesting confirmation of receipt will not be returned until after the holidays.

RETURN CHECKLIST:

☐The original signed copy of this Profile. (Retain a copy for your records)

☐One (1) complete set of current catalogs
(undergraduate, graduate and professional).
(printed and bound, or CD or disk copy)

Return this completed Profile and all required materials to:

Commission on Colleges
ATTN: Institutional Profiles
Southern Association of Colleges and Schools
1866 Southern Lane
Decatur, Georgia 30033-4097

DUE: January 18, 2008