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

Deadline for submitting this Profile: January 14, 2011

INSTITUTIONAL PROFILE FOR GENERAL INFORMATION AND ENROLLMENT FALL 2010

General Instructions

Before completing:

- Read all directions
- Assign responsibility for completion and accuracy to the Accreditation Liaison.

Changes in this submission:

It is no longer necessary to submit your institution's catalog with your profile.

It is more important that your submission be received by the deadline of January 14, 2011.

New federal requirements call for SACSCOC to report enrollment information in a timely manner to the federal government. This cannot be accomplished unless institutions get their materials in by January 14, 2011.

A new field has been added requesting identification of the parent company or publicly-traded entity in the case of for-profit institutions only.

A new field has been added requesting the cell phone number of the Chief Executive Officer.

Frequently asked questions may be found at www.sacscoc.org/dbarrett.asp. Please direct additional questions to Donna Barrett at dbarrett@sacscoc.org.

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 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. If Private For-Profit, name of parent company or name of publicly traded corporation	None
7. Institutional Religious Affiliation, if applicable *(please provide complete name)*	None
8. Calendar System (*semester, quarter, or other unit)*	Semester
9. 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

10. Name	Dr. Stephen Greiner
11. Title	President/CEO
12. Office Mailing Address *Do not include institution name* *(street, city, state, zip code)*	Hazard Community and Technical College
	One Community College Drive
	Hazard, KY 41701
13. Telephone Number	606 / 487-3100
14. Cell Phone Number	606/ 233-5800
15. Fax Number	606 / 487-0631
16. E-Mail Address	steve.greiner@kctcs.edu

B. Chair of the Governing Board

17. Name	Thomas O. Zawacki
18. Mailing Address *(street, city, state, zip code)*	Kentucky Community and Technical College System
	300 North Main Street
	Versailles, KY 40383
19. Fax Number	859 / 256-3116
20. Term of office as Chair *(Indicate ending date of term)*	2012

C. Institution's Accreditation Liaison

The Commission asks institutions 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*.

The Accreditation Liaison will be contacted if questions arise about this document. 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.

21. Name of Accreditation Liaison	Donna Combs
22. Title	Nursing Program Coordinator
23. Office Mailing Address *Do not include institution name* *(Include street address, city, state, zip code)* *(If P.O. Box number is current mailing address, also include street address used for express mail.)*	One Community College Drive
	Hazard, KY 41701
24. Telephone Number	606-487-3103
25. Fax Number	606 / 487-0631
26. 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 2010 ***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):	2,081
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): 8,847.3 _____(hours)	
b. Divide the total hours in *3a* by 12, rounding to the nearest whole number:	737
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:	2,818

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 2010 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).	32,125
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 to the nearest whole number	191

Total For-Credit and Non-credit FTE

7. Total of lines 5 and *6b*:	3,009

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, report your enrollment **headcount** for the ***2010 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.

1. Total number (headcount) Full-Time Undergraduate Students	2,081
2. Total number (headcount) Full-Time Post-Baccalaureate Students	0
3. Total number (headcount) For-Credit, Part-Time Undergraduate Students	2,715
4 Total number (headcount) For-Credit, Part-Time Post-Baccalaureate Students	0
5. Total number (headcount) students enrolled in non-credit courses	4,796

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 Profile complete?
- ☐ Have the Accreditation Liaison and Chief Executive Officer signed?
- ☐ Have copies of all pages been retained?

NOTE: For proof your submission has been received, please send in a manner that allows tracking and/or confirmation of receipt. Due to volume of profiles, and the December annual meeting of SACSCOC, phone calls requesting confirmation of receipt may not be returned until after the holidays. For shipping purposes our phone number is 404-679-4500.

Return this completed Profile to:

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

DUE: January 14, 2011