



## PROGRAM DATA SHEET

1. Official Name of Program

Official Name of Program	
Mailing Address	
City	
State	
Zip Code	
Program Telephone Number	

2. Specify the following:

Length of professional program in months	
Length of professional program in credit hours (if applicable)	
Maximum number of students admitted per cohort	
Number of cohorts admitted per year	
Number of Cohorts that overlap in clinical at any given point	
Program Maximum Enrollment Capacity <small>[= the maximum number of students admitted per cohort <i>multiplied by</i> the number of cohorts admitted per year]</small>	
Month(s) in which each cohort begins	
Total number of students currently enrolled in professional program	
Certificate or degree awarded	
Tuition and fees – Resident	
Tuition and fees – Non-resident	

3. Program Director

Name	
Credentials	
Title	
Mailing Address	
City	
State	
Zip Code	
Telephone Number	
Fax Number (optional)	
Institutional Email Address	

