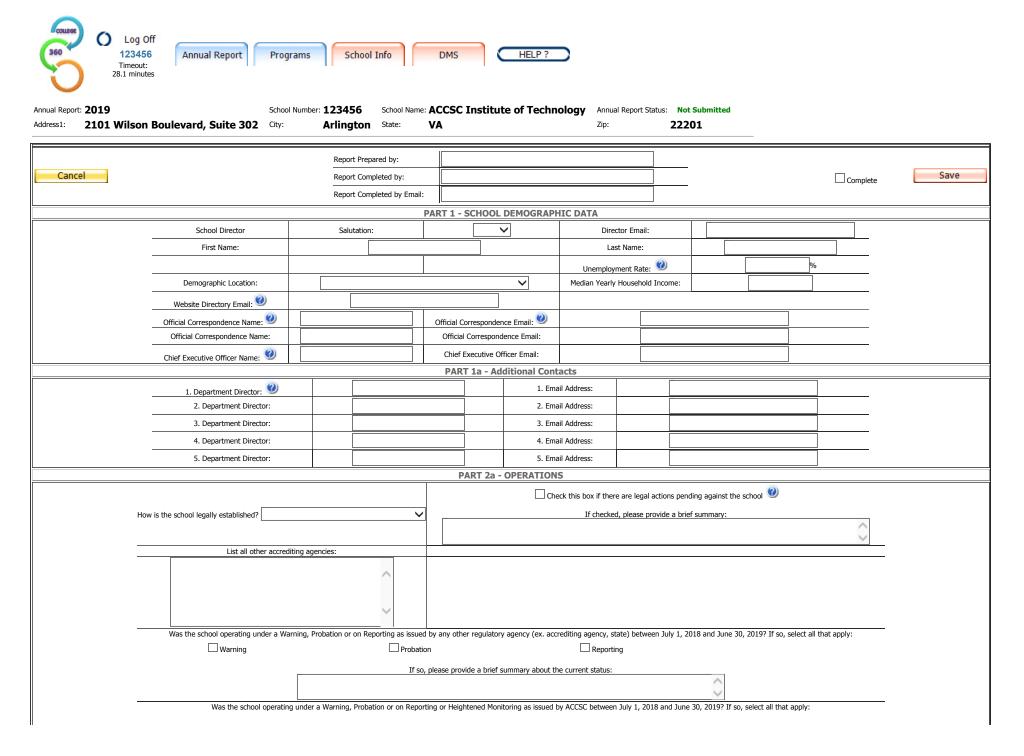
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Check this box if any program reviews or audits, not including fiscal year end audit of financial statements, have been conducted by federal, state, or private agencies. If so, please provide a brief summary about the current status:	
Corporation Name: Corporation Name:	
Corporation Name: Corporation Address: City: State: Phone: Phone: Corporation owns stock of the corporation that owns the school is publicly traded Corporate Compliance Officer: Phone: Corporate Compliance Officer: Phone: Corporate Compliance Officer: Phone: Name: Percentage: Name	
Corporation Name: Corporation Address: City: State: Phone: Phone: Corporation owns stock of the corporation that owns the school is publicly traded Corporate Compliance Officer: Phone: Corporate Compliance Officer: Phone: Corporate Compliance Officer: Phone: Name: Percentage: Name	
Corporation Name: Corporation Address: City: State: Phone: Phone: Corporation owns stock of the corporation that owns the school is publicly traded Corporate Compliance Officer: Phone: Corporate Compliance Officer: Phone: Corporate Compliance Officer: Phone: Name: Percentage: Name	
Corporation Address: State: State: Phone: Check this box if another Corporation owns stock of the corporation that owns the school is publicly traded Corporate Compliance Officer: Phone: Brail Corporate Compliance Officer: Phone: State: OWNERSHIP Identify the legal entity or individual(s) who directly owns 5% or more of the school (i.e., the first level of ownership) Name: Percentage: Nam	
State: Phone: Check this box if another Corporation was stock of the corporation that owns the school is publicly traded Corporate Compliance Officer: Phone: Brail OWNERSHIP Identify the legal entity or individual(s) who directly owns 5% or more of the school (i.e., the first level of ownership) Name: Name: Percentage: Name: Name: Percentage: Name: Percentage: Name: Name: Name: Percentage: Name: Name: Name: Name: Percentage: Name: Name: Name: Name: Name: Percentage: Name: Name:	
Phone: Check this box if another Corporation was stock of the corporation that owns the school is publicly traded Corporate Compliance Officer: Phone: Title: Phone: OWNERSHIP Identify the legal entity or individual(s) who directly owns 5% or more of the school (i.e., the first level of ownership) Name: Percentage: Name: Name: Name: Percentage: Name: Name: Percentage: Name: Name: Name: Percentage: Name: Name: Percentage: Name:	
Check this box if another Corporation owns stock of the corporation that owns the school is publicly traded Corporate Compliance Officer: Title:	
School Corporate Compliance Officer: Phone: Substitute School School	
Phone: Commercial C	
OWNERSHIP Identify the legal entity or individual(s) who directly owns 5% or more of the school (i.e., the first level of ownership) Name: Percentage: % Name: P	
Identify the legal entity or individual(s) who directly owns 5% or more of the school (i.e., the first level of ownership) Name:	
Name: Percentage: % Name: Percentage: % Name: Percentage: % Name: Percentage: % Name: Percentage: % Name: Percentage: %	
Name: Percentage: % Name: Percentage: % Name: Percentage: % Name: Percentage: %	
Name: Percentage: % Name: Percentage: %	
Name: Percentage: Name: Percentage:	
Name: Percentage: % Name: Percentage: %	
If more than one level of ownership exists between the entity that directly owns the school and the ultimate owners, identify each entity and percentage of ownership in the ownership chain, up to and including the parent entity in the chain of ownership	ip. 🥨
Level 2 Level 3 Level 4 Level 5 Name: Percentage: % Name: Percentage: % Name: Percentage: Perc	%
Name: Percentage: % Name: Percentage: % Name: Percentage: % Name: Percentage: % Name: Percentage: Perc	%
Name: Percentage: % Name: Percentage: % Name: Percentage: % Name: Percentage:	%
Name: Percentage: % Name: Percentage: % Name: Percentage: % Name: Percentage: % Name: Percentage:	%
Name: Percentage: %	%
Identify the individuals who own 10% or more of the final legal entity (ultimate parent).	
Name: Percentage: % Name: Percentage: %	
Name: Percentage: % Name: Percentage: %	
Name: Percentage: % Name: Percentage: %	
Name: Percentage: % Name: Percentage: %	
Name: Percentage: % Name: Percentage: %	
PART 2b - OPERATIONAL DATA	
● Yes ○ No Does the school have approval to offer a degree program?	
○ Yes ○ No Does the school have ACCSC approval to offer any portion of a program via Distance Education?	
Yes No If yes, does the school offer any programs via 100% Distance Education?	
Yes No Does the school have ACCSC approval to offer any avocational / continuing education courses?	
○ Yes ● No Does the school admit Ability-to-Benefit students?	
Yes No Through your standard procedure (not only as part of your renewal), have you or will you have a third party review your employment information?	
If yes, what company do you use or plan on using? Fiscal Year-End	

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		Financial Aid Participant: Yes No	<u> </u>			
	Individual School Gross Tuition Revenue		OPEID:	_		
Most Recent:	0.00	3-Year Cohort Default Rate 2016: 0	%			
2nd Most Recent:	0.00	3-Year Cohort Default Rate 2015:	_%			
3rd Most Recent:	0.00	3-Year Cohort Default Rate 2014:	%			
	PART 2c - SUBSTANTIVE	CHANGES July 1, 2018 - June 30, 2019				
○ Yes ○ No Did the school change location?						
○ Yes No Did the school change its name?					•	
Yes No Did the school establish a separate facil	itu?				-	
Yes No Did the school Teach-Out or discontinu					-	
	7. 0				=	
○ Yes No Did the school modify the clock or cred					-	
O Yes No Did the school offer any new programs?					-	
Yes No Did the school offer a degree program for the first time?						
Yes No Did the school change in ownership/control?						
Yes No If so, did the school submit an application for a change of ownership/control?						
	PART 3 - CHARACTE	RISTICS OF STUDENT ENROLLMENT				
Student Enrollment - July 1, 2018:				0		
Additional enrollments: July 1, 2018 - June 30, 2019 Total Enrollments:				0	=	
Students Graduated: July 1, 2018 - June 30, 2019 Students Graduated: July 1, 2018 - June 30, 2019					=	
Students who withdrew or were terminated: July 1, 2018 - June 30, 2019 Students who withdrew or were terminated: July 1, 2018 - June 30, 2019					-	
Total Enrollment as of June 30, 2019:				0	•	
If there are zero student enrollments for July 1, 2018 an	d/or June 30, 2019, please provide a brief e	xplanation:				
Percentage of students receiving:					•	
Title IV Financial Assistance:				0 %	•	
Title IV Pell Grants:				0 %	•	
Title IV Loans:				0 %	•	
Non-Title IV Assistance:				0 %	•	
How many hours did faculty, staff and students devote to	o Community Service projects and activities	organized by the school?:		0	-	
Total student enrollment in any avocational / continuing	education courses: UJuly 1, 2018 - June	30, 2019		0		
Cancel					Save	

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Annual Report: 2019 School Number: 123456 School Name: School Name: School Name: ACCSC Institute of Technology Status: Not Submitted

2101 Wilson

Address1: Boulevard, City: Arlington State: VA Zip: 22201

Suite 302

Cancel	Complete		Sav	е		
PROGRAM ENROLLMENT SUMMARY						
ACCSC Approved Program Title: Massage Therapy						
Program Code:	310					
Credential:	Diploma					
Date Approved by ACCSC: 01/01/2015						
Program Approval Type:						
Program Length in Months:	10 🔮					
Approved Clock Hours:	720	Total Tuition:	0.00	0		
Approved Credit Hours:	42	Additional Expenses:	0.00			
Credit Hour Type	Semester	Average starting salary for graduates:	0.00	0		
An externship is offered as a part of the program.						
Externship clock hours:	0					
Externship credit hours	0					
LICENSURE/CERTIFICA	TION EXAMI	NATION ADMINISTERING AGENC	CY			
Licensure or Certification Examination is required for Emp	oloyment O Yes	● No				
	ENROLLME	NT DATA				
Do students take any portion of the program via Distance	Education O Ye	es No				
Number of Students enrolled as of 7/1/18						
Total number of additional student enrollments between 7/1/18 and 6/30/19 0						
Total Students:		0				
Satellite Location Enrollment Yes No						
Satellite location enrollment as of 7/1/18		0				
Number of additional students enrolled between 7/1/18 and 6/30/19						
Number of withdrawn or graduated students between 7/1/18 and 6/30/19						
Satellite location enrollment as of 6/30/19 0						
Graduated	Between 7/1	1/18 and 6/30/19 🔮				
i. Employed in field:	0					
ii. Employed in unrelated field:	0					
iii. Further Ed: 4 year college:						

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iv. Further Ed: 2 year college:	0		
v. Further Ed: Trade school:	0		
vi. Further Ed: Other Training:	0		
vii. Unemployed:	0		
viii. Unknown:	0		
ix. Incarcerated:	0		
x. Military:	0		
xi. Death:	0		
xii. Medical:	0		
xiii. International:	0		
Total Graduated:	0		
	III	en 7/1/18 and 6/30/19 🔮	1
i. Employed in field:	0	1	
ii. Employed in unrelated field:	0		
iii. Incarcerated:	0	1	
iv. Military Service:	0]	
v. Death:	0	<u> </u>	
vi. Medical:	0		
vii. International Student:	0		
viii. Financial/Family:	0		
ix. Moved from area:	0		
x. Personal Reasons:	0		
xi. Attendance:	0		
xii. Academic:	0		
xiii. Transfer within school:	0		
xiv. Other:	0		
xv. Unknown:	0		
Total Withdrew or Terminated:	0		
Total Number of Students Enrolled as of 6/30/1	9: 0		
For the following questions, please id			
a. No HS Diploma/GED:	0	a. Under 25:	0
b. GED:	0	b. 25-34:	0
c. HS Diploma:	0	c. 35-44:	0
d. Post-Secondary:	0	d. 45-Over:	0
e. Associates:	0	Total by Age:	0
f. Baccalaureate:	0	a. White:	0
g. Post Baccalaureate:	0	b. Black or African American:	0

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Total by Credential:	0	c. Hispanic/Latino:	0
a. Male:	0	d. Asian:	0
b. Female:	0	e. American Indian or Alaska Native:	0
c. Not disclosed	0	f. Native Hawaiian or Other Pacific Islander	0
Total by Gender:	0	g. Two or more races	0
		h. Race and Ethnicity unknown:	0
		Total by Ethnicity:	0
Cancel			Save

G&E 2019 Page 1 of 1



Annual Report: 2019 School Number: 123456 School Name: ACCSC Institute of Technology Status: Not Submitted

2101 Wilson

Address1: Boulevard, City: Arlington State: VA Zip: 22201

Suite 302 **GRADUATION AND EMPLOYMENT CHART** You must SAVE the G&E form to calculate totals Save Cancel Complete Approved Program Title: Massage Therapy Program Code: 310 Diplom 7/2019 Report Date: Program Length in Months: 🤎 CALCULATE Beginning Date: End Date: Is this chart for a satellite location? \bigcirc Yes \bigcirc No $^{ extstyle extsty$ Is this chart for a program offered 100% via Distance Education? O Yes O No 🤎 REPORTING PERIOD Class Start Date (eg 01/15): Total Number Started: #### Transfers to Another Program: #### ###% Transfers from Another Program: ###% Total Starts (+/- Transfers): #### ###% Inavailable for Graduation: #### Students Available For Graduation: #### ###% #### ###% Withdrawn/Terminated Students: Graduates within 150% Program Length: #### ###% ###% ###% Graduates - Further Education: ###% #### Graduates - Unavailable for Employment: Graduates - Available for Employment: #### #### #### #### #### #### #### #### #### #### #### #### ###% #### ###% ###% ###% ###% Graduates - Unrelated Occupation: #### ###% Graduates - Unemployed #### ###% Graduates - Unknown: #### ###% Non-Graduated Students Who Obtained #### ###% Training Related Employment Employment Rate with *|###%||###*%||###%||###%||###%||###%||###%||###%||###%||###%| ###% Non-Graduated Employed Students LICENSURE / CERTIFICATION EXAMINATION PASS RATES CHART Licensure / Certification Name: .. Class Start Date: 2. Number of Graduates #### 3. # of Graduates Taking Exam: #### 4. # of Graduates Passing Exam: #### 5. Percentage of Grads Passing Exam: #### #### #### #### #### #### #### #### #### #### #### #### #### icensure / Certification Examination Agency Rate: #### #### Cancel Save