The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of Research and Information Systems
Higher Education Data System

NYSED-SUR1 ***[08]***

DUE DATE: July 15, 2008

HIGHER EDUCATION DATA SYSTEM COORDINATOR'S SURVEY

Institution Name	SEDCODE:

THE INFORMATION PROVIDED ON THIS FORM SHOULD CONTAIN DATA FOR ONLY THE INSTITUTION LISTED ABOVE. If multi-campus institutions have questions concerning which branches to include, please contact State Education Department staff at heds@mail.nysed.gov *or call 518-474-5091.*

Please revise and submit the attached contact information for your institution. If contact information, web URLs, etc. change at any time throughout the year, please call or email ORIS to update your records as soon as possible.

- **Return completed paper forms by**:

  Mail:
  NYS Education Department
  Office of Research and Information Systems
  Room 966 Education Building Annex
  Albany, NY 12234

  Or Fax:
  518-474-1907

- **Retain a copy of the completed form in your files in case clarification is needed.**

- **If you anticipate a delay in returning this form, request an extension in writing by e-mail, fax or mail stating the reason for the delay and the anticipated submission date.**

- **If you have questions regarding completion of the form, please contact the Office of Research and Information Systems at:**

  E-Mail: heds@mail.nysed.gov
  Fax: (518) 474-1907
  Phone: (518) 474-5091

***IMPORTANT*: FOR PAPER SUBMISSIONS PLEASE RETURN THIS COVER PAGE AND ALL PAGES *EXCEPT INSTRUCTIONS* EVEN IF THEY CONTAIN NO DATA.**

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Form Processing Information

Form:	HIGHER EDUCATION DATA SYSTEM COORDINATOR'S SURVEY
SEDCODE:	
Institution Name:	

Respondent Information

Name:			
Title:			
Telephone: ( )	Ext.	Facsimile No.: ( )	Ext.
E-Mail Address:			

TOTAL -- (Check box if all *applicable* branches included). ☐
Otherwise, list branches below.

Branches included: *(please list)*	*Applicable* branches not included: *(please list)*

Indicate **Time Required** to retrieve information from files and complete this form.

Hours spent by all staff (whole numbers)	

Notes and Explanations regarding data provided and/or comments about this form and its completion. Check here and continue comments on reverse side if necessary. ☐

PLEASE KEEP THIS PAGE AND THE COVER PAGE ATTACHED, AND RETURN WITH ENTIRE FORM.

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Higher Education Data System Coordinator's Survey

The information collected in this form is used to administer the HEDS data collection, to maintain an institutional directory available on the Department's web site, to distribute reports and notices to campuses, and to interact with specific units of the institution to conduct SED business. **Copies of this form have been provided and need to be completed for <u>each campus</u> for which data will be reported.** When an institution has multiple campuses, the HEDS submissions may be coordinated by the same or different individuals for each campus, and the CEO may or may not be unique to each campus.

The following information currently resides in our files. **Please make sure that all items are completed and make changes/corrections in red ink, as needed**.

	Information on File	**Changes/Corrections**
SEDCODE		
Legal Institution Name		
Directory Information: This information (plus legal institution name) will be made available to the public on the Department's website.		
Popular Institution Name (if different from legal name)		
Street Address (1)		
Street Address (2)		
City, State, Zipcode +4		City State Zipcode
Telephone (General Information)		( ) - Ext.
Website Address		

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	Information on File	Changes/Corrections
HEDS Packet Coordinator: The primary contact at the institution who has oversight responsibility for receiving, distributing, completing and returning HEDS forms.		
Term of Address (e.g., Mr., Ms., Dr., etc.) & Name		Term: Name:
Position/Title		
Street Address (1)		
Street Address (2)		
City, State, Zipcode+4		City State Zipcode
Telephone Area code + phone + Extension		( ) - Ext.
Fax + Extension		( ) - Ext.

Email address		
Director of Institutional Research: The person at your institution fulfilling this function regardless of title. If this is the HEDS packet Coordinator please check the adjacent box rather than filling out the information again. ☐		
Term of Address (e.g., Mr., Ms., Dr., etc.) & Name		Term: Name:
Position/Title		
Street Address (1)		
Street Address (2)		
City, State, Zipcode+4		City State Zipcode
Telephone Area code + phone + Extension		( ) - Ext.
Fax + Extension		( ) - Ext.
Email address		

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	Information on File	Changes/Corrections
Chief Executive Officer Contact Information for SED Purposes: Addresses to be used by the Office of Higher Education for official notices to the institution, institutional canvassing and official communications between the Department and the CEO.		
Chief Executive Officer (CEO) Term pf Address (Mr., Ms., Dr.) and Name		
Position/Title		
Street Address (1)		
Street Address (2)		
City, State, Zipcode+4		City State Zipcode
CEO Office Telephone (area code+phone + extension)		( ) - Ext.
CEO Office Fax		( ) - Ext.

CEO Office Email		
Chief Academic Officer: This is the primary contact used by the Office of College & University Evaluation regarding program registration and review activities. It is usually the Vice-president for Academic Affairs or a College/University Dean.		
Term of Address (e.g., Mr., Ms., Dr., etc.) & Name		Term: Name
Position/Title		
Street Address (1)		
Street Address (2)		
City, State, Zipcode+4		City State Zipcode
Telephone Area code + phone + extension		( ) - Ext.
Fax + extension		( ) - Ext.
Email address		

	Information on File	Changes/Corrections
Individual Responsible for Assisting Students with Special Needs. Please list the person responsible for assisting disabled students or students with other special needs.		
Term of Address (e.g., Mr., Ms., Dr., etc.) & Name		Term: Name
Position/Title		
Street Address (1)		
Street Address (2)		
City, State, Zipcode+4		City State Zipcode
Telephone Area code + phone + extension		( ) - Ext.
Fax + extension		( ) - Ext.

Email address		
	Information on File	**Changes/Corrections**
Designated Teacher Education Contact: If your institution prepares students for teacher certification, please identify the individual to receive and respond to contacts by the Department's Office of Teaching.		**Check here if not applicable:** ☐
Term of Address (e.g., Mr., Ms., Dr., etc.) & Name		Term: Name
Position/Title		
Street Address (1)		
Street Address (2)		
City, State, Zipcode+4		City State Zipcode
Telephone Area code + phone + extension		( ) - Ext.
Fax + extension		( ) - Ext.
Email address		

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	Information on File	Changes/Corrections
Dean, School of Education: If your institution prepares students for teacher certification, please identify the individual who heads the Education area.		**Check here if not applicable:** ☐
Term of Address (e.g., Mr., Ms., Dr., etc.) & Name		Term: Name
Position/Title		
Street Address (1)		
Street Address (2)		
City, State, Zipcode+4		City State Zipcode
Telephone Area code + phone + extension		( ) - Ext.
Fax + extension		( ) - Ext.
Email address		

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	Information on File	Changes/Corrections
Contact, Assessment Practices: Please identify the individual who the Department can contact regarding your institution's assessment practices.		
Term of Address (e.g., Mr., Ms., Dr., etc.) & Name		Term: Name
Position/Title		
Street Address (1)		
Street Address (2)		
City, State, Zipcode+4		City State Zipcode
Telephone Area code + phone + extension		( ) - Ext.
Fax + extension		( ) - Ext.
Email address		

	Information on File	Changes/Corrections
Perkins Grant Administrator (applies to Perkins Vocational and Technical Education Act participants ONLY): Please identify the individual who administers your VTEA funds. **Check here if not applicable:** ☐		
Term of Address (e.g., Mr., Ms., Dr., etc.) & Name		Term: Name
Position/Title		
Street Address (1)		
Street Address (2)		
City, State, Zipcode+4		City State Zip code
Telephone Area code + phone + extension		( ) - Ext.
Fax + extension		( ) - Ext.
Email address		