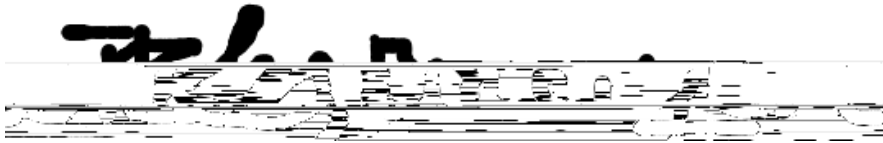


Please e-sign here:



Signature of Isabelle Cherney

Please date here:

04/20/2018

27. During the 2016-2017 year, was your organization approved to offer INITIAL TEACHER licensure programs?

Yes

Section 2: Goals and Assurances

28. Institution/Program Type

Traditional (IHE -based)

29. Indicate if your institution is a member of a Teacher Quality Partnership (TQP) grant:

Indicate if your institution is a member of a Teacher Quality Partnership (TQP) grant:

No

TQP grant name or grant number, if applicable:

30. What percentage of candidates are formally admitted into your Initial teaching licensure program(s)?

(Use whole numerals only, totaling no more than 100%)

(Baccalaureate Programs only)

Freshman Year : 0%

Sophomore Year : 100%

Junior Year : 0%

Senior Year : 0%

31. Indicate when students are formally admitted into your Initial Post-Baccalaureate licensure programs:

At admission

32. Do your Initial teacher licensure programs conditionally admit students?

No

- %

0 % G C 6 " ! 6 % %!%% % : * %
; 4% % (" 4 6 (!" (& (' ! ! K
A % " * 4 % & (% % ' 0 % % % ! " 6 *
! " 6! * % % % (4 ! % % "

* %

+ . - . . 8' # %4 * 4 # 4 ! %

Thank you for completing the 2018 State Annual Report.