



ANNUAL REPORT FORM

(Please return the ORIGINAL and two copies by March 31, 2007. Use 2006 fall data.)

Name of institution University of Hawaii at Hilo Date 3/5/07

Address 200 W. Kawili Street

Address Hilo, HI 96720-4091

Telephone (for listing in the Directory) (808) 974-7707

FAX (for listing in the Directory) (808) 974-7622

Web site address (for listing in the Directory) www.uhh.hawaii.edu

1. Institutional sponsorship and control (check all that apply):

Religious Affiliation _____

Independent

Proprietary

State

Other _____

(Please describe)

Describe any change in sponsorship or control that occurred in the past year or is contemplated in the coming year.

2. For the 2007-2008 academic year, please list the following information: name; title; direct phone; fax number; and e-mail address. If a new person will be filling the position after March 2007, please give us the starting date of his/her arrival.

A. Chief Executive Officer:

Name: Dr. Rose Tseng Phone (808) 974-7444
Title: Chancellor FAX (808) 974-7622
E-mail _____

B. Board chair (Please include mailing address):

Name: Kitty Lagareta Phone (808) 956-8213
Title: Chair FAX (808) 956-5158
Address: 2444 Dole Street E-mail bor@hawaii.edu
Bachman Hall, Room 209
Address: Honolulu, HI 96822

C. Chief Academic Officer:

Name: Dr. Stephen Hora Phone (808) 974-7707
Title: Interim Vice Chancellor for FAX (808) 974-7622
Academic Affairs E-mail hora@hawaii.edu

D. Accreditation Liaison Officer (if other than CAO):

Name: _____ Phone _____
Title: _____ FAX _____
E-mail _____

3. Students: Full-time equivalent in credit courses: Use **Fall data** for each column.

	<u>2005-06</u>	<u>2006-07</u> (Use Fall 2006 data)
FTE of on-campus undergraduate students:	2,783	2,798
FTE of on-campus graduate students:	56	59
FTE of undergraduate students in off-campus and distance learning programs:	21	49
FTE of graduate students in off-campus and distance learning programs:	_____	_____
Total FTE of students in all programs:	2,860	2,906

4. Attach a list of all current degree programs (majors) by level. (If list is extensive, the catalog listing of programs may be appended.) Please indicate which programs were initiated during the past year.

Total Degree Programs

Type of Degree	Number (Please give a count of each degree by major)
Associates	_____
Bachelors	31
Masters	5
Research Doctorate (PhD)	1 (Indigenous language revitalization)
Professional Doctorate	1 (Pharmacy)
Joint Doctorate*	_____

*If you offer any joint doctorates, they should be listed here and not listed separately as Professional or Research doctorates.

5. Please list the contact for :

Faculty Senate Chair (Name, Title, phone, email)

Dr. Barbara Leonard, Professor of Accounting, (808) 974-7457, leonardb@hawaii.edu

6. Please list any new degree programs that you plan to initiate in the next year: (See 2005 Substantive Change Manual, Section II; to identify those that must be approved in advance.)

Anticipated New Degree Programs for the Academic Year 2007-08		
On-Campus	a. Off-Campus b. Location	a. Distance Education
Pharm D, already approved		

Please use additional pages as needed to list all your anticipated programs.

7. Please list any programs you offer that have been accredited by specialized accrediting agencies and have lost their accreditation or have gone on sanction this year.

Report on programs accredited by specialized accrediting agencies.		
Program Name	Agency Name	Please explain Action: Accreditation terminated or Sanction imposed (specify). Attach letter from Agency taking the action.
Nursing	National League for Nursing Accrediting Commission (NLNAC)	
Business	Association for Advancement of Collegiate Schools of Business (AACSB)	
Education	State Approval Teacher Education (SATE)	

Indigenous Teacher Education

State Approval Teacher Education (SATE)

8. We are required by Federal law to maintain a current listing of your tuition and fees. Please provide below or attach a separate sheet.

	<u>Tuition</u>	<u>Fees</u>
Undergraduate	\$1,500 FT Res \$4,776 FT Non-res	\$74
Graduate	\$2,496 FT Res \$5,760 FT Non-rest	\$74

9. Finances:

Change in unrestricted net assets at fiscal year end for the following three years:

2004 6,897,530

2005 11,769,413

2006 Not Available

Net assets (deficit) end of fiscal year:

2006 Not Available

10. Please report the institution's cohort default rate on Federal Guaranteed Student Loans for the most recent year for which data are available. Year 2004 Default Rate 4.6 %

If the default rate exceeds 20% for any given year, the U.S. Department of Education (34CFR Part 668.17) requires that a "Default Management Plan" be submitted. Please attach a copy of the plan with this Annual Report for the Commission file.

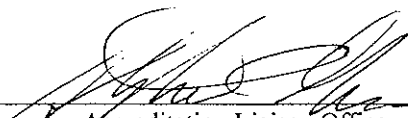
11. Did your institution meet the required minimum composite financial ratio (1.5) for financial aid responsibility, as determined by the US Department of Education? Yes X No

If No, please provide a copy of the current letter from the US Department of Education concerning this matter.

12. Please send two copies of your most recent audited financial statement **and the related management letter** or a fully disclosed financial statement (including footnotes).

All statistics are as of 1/1/2007 unless otherwise noted.
(date)

Signed



Accreditation Liaison Officer

Please use additional pages as needed to include all needed entries.