

Accreditation Commission
for Programs in Hospitality
Administration



**Completing the
ACPHA Annual Report:
A User Guide**

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Step 1



ACPHA Annual Report Form

ACPHA > ACPHA Annual Report Form

Keep track of your progress by following the steps at the top of the page. The last yellow one shows where you are.

"*" indicates required fields

Step 1 ← Step 2 Step 3 Step 4 Step 5 Step 6 Step 7

Academic Year Ending *

Step 1: Institution and Program Information

An asterisk (*) indicates a required field. These fields must be completed before you may proceed to the next page.

Name of Institution *

Name of Program *

Year of Last ACPHA Accreditation

Program Contacts

Department Chair *

Department Chair - Telephone# *

Department Chair - Email *

Program Director *

Program Director - Telephone# *

Program Director - Email *

Program Administrative Contact

Program Administrative Contact - Telephone#

Program Administrative Contact - Email

Step 1 (Continued)

Mailing Address

Street Address

Address Line 2

City

State / Province / Region

ZIP / Postal Code

Country

Program/Department Telephone

Website for Program *

URL entered must begin with https://

Program Email

Which of the following best describes your program's home college within the university structure? *

- Within a college of business
- Within a college of Human Ecology, Health Sciences, or Family and Consumer Sciences.
- Within a college of agriculture.
- Within a college of arts and sciences.
- A stand-alone college.
- Other

Is your program within a land-grant university? *

- Yes
- No

Is your university public or private? *

- Public
- Private

Clicking on the plus sign will allow you to enter multiple degrees, each in its own text box

List all degrees awarded under the ACPHA Grant of Accreditation

NEXT

SAVE AND CONTINUE LATER

Clicking the "NEXT" button will take you to the next page. You can return to previous pages before submitting, but we recommend saving your progress after each step.

After each page, you can click on "SAVE AND CONTINUE LATER," and the system will provide you with a URL to return to your report and will offer to send an email with the URL.

Step 2

"*" indicates required fields

Step 1 — Step 2 — Step 3 — Step 4 — Step 5 — Step 6 — Step 7

Step 2: ACPHA Standards Response

Instructions:

Accreditation requires that each program be in continuous compliance with the nine (9) ACPHA Standards and related Key Elements. Please indicate any changes that have occurred since your last Annual Report was filed. Include any explanations that may help the Commission understand the ramifications of these changes. If **no changes** have occurred since your last Annual Report, please indicate "NONE".

Mission

Only complete if the mission of either the program or the institution has been modified or changed.

Have there been any changes to this area? *

- No changes (NONE)
- Yes, there are changes

Should any standards require updates, a text box will appear requesting a description of the changes, as illustrated in the example below.

Administration and Governance

Indicate any changes in operational independence or leadership.

Have there been any changes to this area? *

- No changes (NONE)
- Yes, there are changes

Planning

Indicate any changes.

Have there been any changes to this area? *

- No changes (NONE)
- Yes, there are changes

Curriculum

Indicate any changes.

Have there been any changes to this area? *

- No changes (NONE)
- Yes, there are changes

Assurance of Student Learning

Describe any assessment plan changes or changes in pertinent documents used for assessment of student learning.

Have there been any changes to this area? *

- No changes (NONE)
- Yes, there are changes

Instructional Resources

List any **new** faculty/instructional staff (**do not attach vitaes or resumes**) and list examples of professional development activities in which the current faculty participated during the past academic year.

Have there been any changes to this area? *

- No changes (NONE)
- Yes, there are changes

Mission

Only complete if the mission of either the program or the institution has been modified or changed.

Have there been any changes to this area? *

- No changes (NONE)
- Yes, there are changes

Describe the changes or provide explanations.

Step 2 (Continued)

Student Support Services

Indicate any changes.

Have there been any changes to this area? *

- No changes (NONE)
- Yes, there are changes

Physical and Learning Resources

Indicate any changes in admission policies, retention, dismissal, or graduation requirements OR indicate any changes i.e. added or reduced space.

Have there been any changes to this area? *

- No changes (NONE)
- Yes, there are changes

Financial Resources

Indicate any significant changes.

Have there been any changes to this area? *

- No changes (NONE)
- Yes, there are changes



Clicking the "PREVIOUS" button will take you to the last page you were on.

Step 3

"*" indicates required fields

Step 1 — Step 2 — **Step 3** — Step 4 — Step 5 — Step 6 — Step 7

Step 3: Faculty & Staffing Levels

Please provide the number of faculty and staff in Full-Time Equivalents (FTEs).

Number of Faculty

For full-time and part-time faculty, simply enter the total number (count) of each.

Full Time *

Part Time *

Full-time equivalents (FTEs) should be entered as a numerical value, where 1.0 represents one full-time position.

Faculty Total FTEs *

Other Staffing (in FTEs)

For all staff, again, simply enter the total number (count) of each.

Teaching Assistants

Research Assistants

Lab Assistants

Student Employees

Administrative Assistants

PREVIOUS

NEXT

SAVE AND CONTINUE LATER

Step 4

Step 1 — Step 2 — Step 3 — **Step 4** — Step 5 — Step 6 — Step 7

Step 4: Student Profile

Please complete the student profile data for the past three academic years.

Program Enrollment – Major

Hints are available throughout the form to help guide your calculations.

Number of Students

3 Years Ago *

2 Years Ago *

1 Year Ago *

Number of Graduates ¹

3 Years Ago *

2 Years Ago *

1 Year Ago *

Student/Faculty Ratio ²

3 Years Ago

2 Years Ago

1 Year Ago

Retention Rate % – Freshmen to Sophomore

3 Years Ago

2 Years Ago

1 Year Ago

% Students Employed in Hospitality Industry or Related Fields (Professional Placement within 90 days) ³

3 Years Ago

2 Years Ago

1 Year Ago

% Students Entering the Military within 90 days ⁴

3 Years Ago

2 Years Ago

1 Year Ago

% Students Continuing Their Education within 90 days ⁵

3 Years Ago

2 Years Ago

1 Year Ago

Step 4 (Continued)

This field automatically calculates the percentage of students employed in the industry, entering the military, and continuing their education. The total should equal 100%.

% Students Continuing Their Education within 90 days ⁵

3 Years Ago

2 Years Ago

1 Year Ago

Total Professional Placement, Military, and Continuing Education Rate ⁶

3 Years Ago

2 Years Ago

1 Year Ago

Instructions:

1. List all grads (Aug., Dec., & May) for the academic year being reported.
2. Calculate by dividing the total number of students in the major by the total FTE (Full-time equivalent) major faculty.
3. Calculate by dividing the number of students employed in industry or related fields by the total students graduating in the major for that year.
4. Calculate by dividing the number of students entering the military by the total students graduating in the major for that year.
5. Calculate by dividing the number of students continuing their education by the total students graduating in the major for that year.
6. Sum numbers 3 to 5 above (should be equal to or less than 100 %)

The instructions provided here align with the hints included within each of the questions above.

Step 5

"*" indicates required fields

Step 1 — Step 2 — Step 3 — Step 4 — Step 5 — Step 6 — Step 7

Step 5: Financial Resources

Source of Funds

All financial fields are required. Be sure to enter "0" if you have nothing to report in that area.

Auxiliary Services

Current Year *	Prior Year 1	Prior Year 2
<input type="text"/>	<input type="text"/>	<input type="text"/>

Grants

Current Year *	Prior Year 1	Prior Year 2
<input type="text"/>	<input type="text"/>	<input type="text"/>

Gifts/Donations

Current Year *	Prior Year 1	Prior Year 2
<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Allocated Revenue

Current Year *	Prior Year 1	Prior Year 2
<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Source of Funds

Current Year *	Prior Year 1	Prior Year 2
<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>

This field automatically calculates all sources of funds listed above.

Use of Funds

Full-time Faculty Salaries

Current Year *	Prior Year 1	Prior Year 2
<input type="text"/>	<input type="text"/>	<input type="text"/>

Extra Service Pay – FT Faculty

Current Year *	Prior Year 1	Prior Year 2
<input type="text"/>	<input type="text"/>	<input type="text"/>

Part-Time Faculty Wages

Current Year *	Prior Year 1	Prior Year 2
<input type="text"/>	<input type="text"/>	<input type="text"/>

Step 6

Administrative & Staff Salaries and Wages

Current Year *	Prior Year 1	Prior Year 2
<input type="text"/>	<input type="text"/>	<input type="text"/>

Contracted Services

Current Year *	Prior Year 1	Prior Year 2
<input type="text"/>	<input type="text"/>	<input type="text"/>

Operating Expenses

Current Year *	Prior Year 1	Prior Year 2
<input type="text"/>	<input type="text"/>	<input type="text"/>

Supplies/Materials

Current Year *	Prior Year 1	Prior Year 2
<input type="text"/>	<input type="text"/>	<input type="text"/>

Equipment

Current Year *	Prior Year 1	Prior Year 2
<input type="text"/>	<input type="text"/>	<input type="text"/>

Other

Current Year *	Prior Year 1	Prior Year 2
<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Use of Funds

Current Year *	Prior Year 1	Prior Year 2
<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>

Net Surplus or (Loss) of Funds

Current Year *	Prior Year 1	Prior Year 2
<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>

These fields automatically calculate.

Notes:

1. Salaries and Wages should not include benefits
2. Contracted Services include linen services, maintenance, guest lecturers, contract labor, etc.
3. Operating Expenses include travel, professional development, repairs, printing, copying, etc.
4. Supplies and Materials include food, utensils, instructional aids, books, subscriptions, etc.

Step 6 (Continued)

** indicates required fields

Step 1 — Step 2 — Step 3 — Step 4 — Step 5 — Step 6 — Step 7

Step 6: Industry Connections

Outline networking or recruiting practices, industry partnerships, and advisory board details. Provide approximate numbers where applicable.

Networking & Recruiting Practices

Networking/Recruiting Practices Utilized *

Describe how the program connected students with industry (guest speakers, career fairs, field trips, etc.).

Approximate Number of Participating Companies ←

Must be entered in numeric form.

Ongoing Industry Partnerships

Ongoing Industry Partnerships *

Outline ongoing relationships with industry partners (e.g., internship pipelines, sponsorships).

Programmatic Advisory Board

Advisory Board Overview *

Provide an outline of the advisory board, including the organizations represented.

Number of Members on Advisory Board ←

Must be entered in numeric form.

PREVIOUS

NEXT

SAVE AND CONTINUE LATER

Step 7

"*" indicates required fields

Step 1 — Step 2 — Step 3 — Step 4 — Step 5 — Step 6 — Step 7

Reflection & Comments

Provide reflections on program changes, positive actions, challenges, and any additional information. If no changes, please indicate "NONE".

Reflection Questions

Most Significant Change in the Past Academic Year *

If no changes, write "NONE".

Most Positive Action/Activity in the Past Academic Year *

Could be something by students, faculty, advisory board, or administration.

Most Significant Challenge in the Past Academic Year *

Examples: enrollment, budget, organizational change. If no changes, write "NONE".

Additional Relevant Information

Step 7 (Continued)

Report Submitter Information

Report Submitted By *

Please enter your full name (typed, not handwritten).

Title *

Contact Telephone Number *

Contact Email Address *

Upon submission, the completed report will be delivered to the email address provided here.

[PREVIOUS](#) [SUBMIT](#) [SAVE AND CONTINUE LATER](#)

The "SUBMIT" option finalizes the report and submit to the ACPHA office.

The "SAVE AND CONTINUE LATER" option saves your progress for up to 30 days but does not submit the report to ACPHA.

Submission Successful

ACPHA > ACPHA Annual Report Form

Your ACPHA Annual Report has been sent successfully.

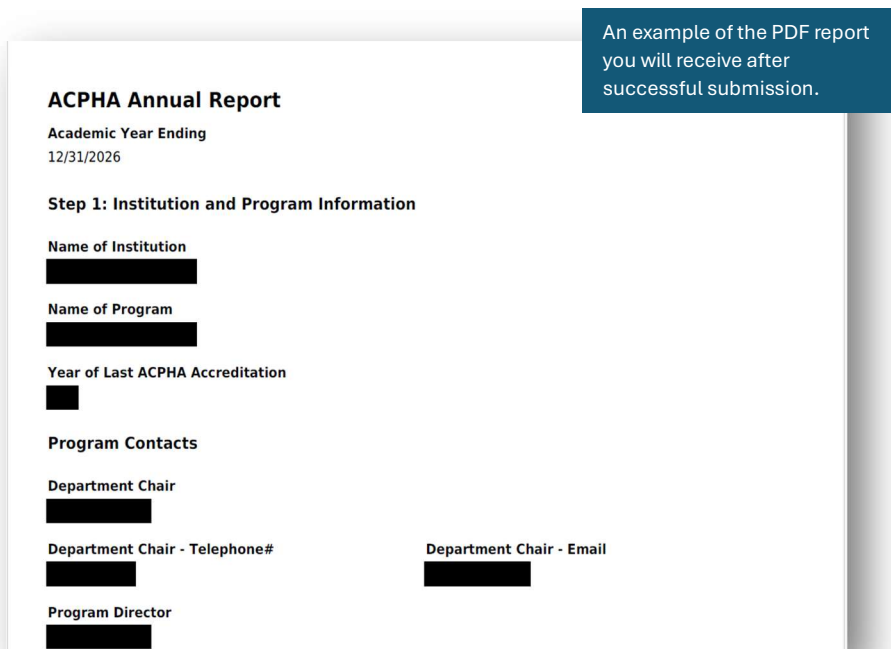
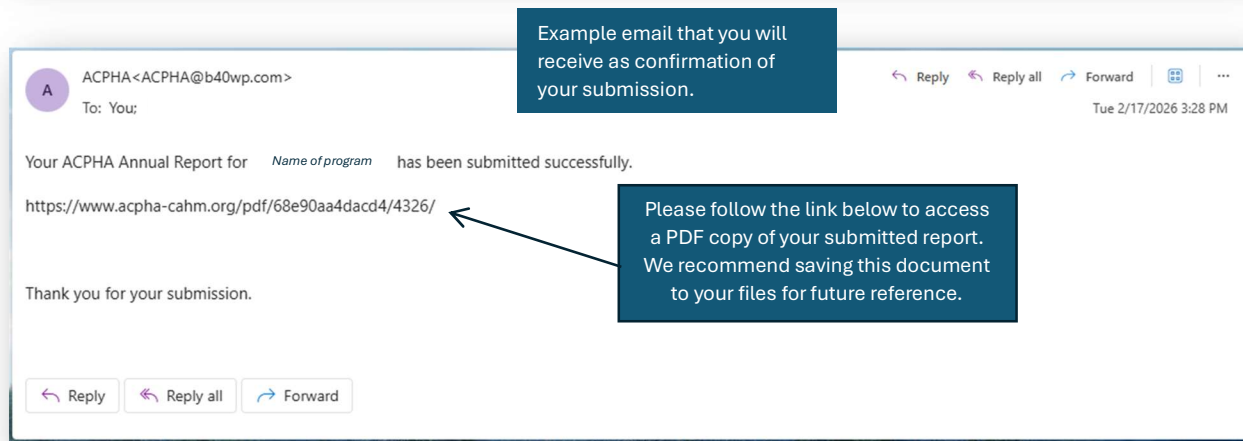
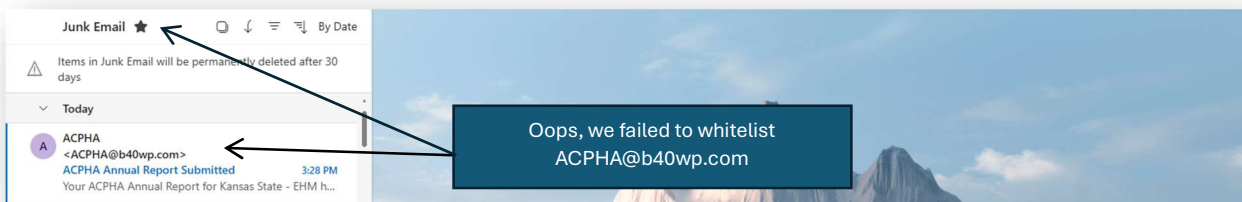
A copy has been emailed to your inbox.

Note: The email you'll receive the copy from will be ACPHA@b40wp.com. Please whitelist to ensure it isn't considered SPAM.

Once your report has been successfully submitted, you should see this confirmation message on the screen.

Note the address from where the email confirmation will originate.

Confirmation Email & Copy of Report



Link to Save and Continue Later

Link to continue editing later

Please use the following link to return and complete this form from any computer.

URL to return to your report.

https://www.acpha-cahm.org/acpha-annual-report-form/?gf_token=0ab92273e6c547d8b6c75fc9c5deae37

Note: This link will expire after 30 days.

Enter your email address if you would like to receive the link via email.

Email Address*

SEND LINK

Provide your email address here and click on "send link" to have the system send you an email with the link included.