



ANNUAL REPORT FORM

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

Name of institution California State University, Fullerton Date March 29, 2007

Address P. O. Box 34080

Address Fullerton, CA. 92834-9480

Telephone (for listing in the Directory) (714) 278-3602

FAX (for listing in the Directory) (714) 278-7238

Web site address (for listing in the Directory) <http://www.fullerton.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 : Milton A. Gordon Phone (714) 278-3456
Title : President FAX (714) 278-2649
E-mail mgordon@fullerton.edu

B. Board chair (Please include mailing address):

Name : Ms. Roberta Achtenberg Phone (562) 951-4020
Title : Chair CSU Board of Trustees, 401 Golden Shore FAX (562) 951-4949
Address: 401 Golden Shore Drive E-mail publicaffairs@calstate.edu
Address: Long Beach, CA. 90802

C. Chief Academic Officer:

Name : Ephraim P. Smith Phone (714) 278-2614
Title : Vice President for Academic Affairs FAX (714) 278-5853
E-mail esmith@fullerton.edu

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

Name: Robert A. (Ray) Young Phone (714) 278-3602
Title : Associate Vice Presdident, Academic Programs FAX (714) 278-7238
E-mail ryoung@fullerton.edu

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:	<u>21146.1</u>	<u>22280.7</u>
FTE of on-campus graduate students:	<u>2692.3</u>	<u>2479.0</u>
FTE of undergraduate students in off-campus and distance learning programs:	<u>1748.5</u>	<u>1365.4</u>
FTE of graduate students in off-campus and distance learning programs:	<u>388.2</u>	<u>419.0</u>
Total FTE of students in all programs:	<u>25975.1</u>	<u>26544.1</u>

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.

Please See Attached Sheet

Total Degree Programs

Type of Degree	Number (Please give a count of each degree by major)
Associates	_____
Bachelors	<u>55</u>
Masters	<u>49</u>
Research Doctorate (PhD)	_____
Professional Doctorate	_____
Joint Doctorate*	<u>1</u>

*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. Diana Guerin, Chair, Academic Senate: (714) 278-3683; dguerin@fullerton.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
Master of Social Work	On-campus	
Ed. D. in Educational Leadership	On-campus	

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.

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

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. ***Please See Attached Sheet***

	<u>Tuition</u>	<u>Fees</u>
Undergraduate	_____	_____
Graduate	_____	_____

9. Finances:

Change in unrestricted net assets at fiscal year end for the following three years:	2004	<u>\$12,220,459</u>
	2005	<u>\$18,225,831</u>
	2006	<u>\$ 514,591</u>
Net assets (deficit) end of fiscal year:	2006	<u>\$81,229,722</u>

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 04/05 Default Rate 7.42 %
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 March 1, 2007 unless otherwise noted.
 (date)

Signed _____
 Accreditation Liaison Officer