**Student Attrition Required Report**

July 2023

**Program Name:** Click here to enter text

**Complete ARC-PA Student Attrition TEMPLATE**.

**Complete** the table for the three most recent graduating classes and the classes currently enrolled. This data will be used in analysis documented in several appendices of the self-study report. Use the **Comment** section to explain program nuances.

* Class of: insert year class cohort will complete the program.
* Entering class size is the number of students newly enrolled for each admission cycle.
* If student took leave of absence, indicate in the comments when/if the student returned.
* *Deceleration* is defined as the loss of a student from the entering cohort, who remains matriculated in the physician assistant program*.* If a student decelerated, indicate in the comments when the student returned.
* Total attrition in this table reflects the number of students from the entering class who did not complete the program with the rest of the cohort, either due to leave of absence, *deceleration*, dismissal or withdrawal. Do not list any one student in more than one category. For example, if a student took a leave of absence and *decelerated*, select the option that best describes that student’s situation. Use comments for description if necessary.
* Number joining class cohort who began with different cohort reflects those who began with a previous cohort and either *decelerated* or took a leave of absence and returned to join a different class.
* Graduates or anticipated graduates is the total of the entering class size minus attrition plus the number joining from another cohort.

**Note**: *Remediation* may or may not involve *deceleration* within the program. If students who *remediated* also *decelerated*, they should be listed as *decelerated* students. Students who *remediated* and remained in the same cohort are not to be included in this attrition table.

**Glossary**

|  |  |
| --- | --- |
| Term  | Definition |
| Deceleration | The loss of a student from the entering cohort, who remains matriculated in the physician assistant program. |
| Remediation | The program defined and applied process for addressing deficiencies in a student’s knowledge and skills, such that the correction of these deficiencies is measurable and can be documented. |

**ARC-PA Student Attrition TEMPLATE**

|  | **Graduated Classes** | **Current Classes** |
| --- | --- | --- |
| **Class of** Year | **Class of** Year | **Class of** Year | **Class of** Year | **Class of** Year | **Class of** Year |
| **Maximum entering class size** (as approved by ARC-PA) | # | # | # | # | # | # |
| Entering class size (Number of new matriculants) | # | # | # | # | # | # |
| Number joining class cohort who began with different cohort | # | # | # | # | # | # |
| Number who took leave of absence | # | # | # | # | # | # |
| Number who decelerated | # | # | # | # | # | # |
| Number of withdrawals | # | # | # | # | # | # |
| Number of dismissals | # | # | # | # | # | # |
| Total attrition | # | # | # | # | # | # |
| Total Graduates | # | # | # | # | # | # |
| Anticipated graduates | # | # | # | # | # | # |
| \*Attrition Rate | #**%** | #**%** | #**%** | #**%** | #**%** | #**%** |
| \*\*Graduation Rate | #**%** | #**%** | #**%** | #**%** | #**%** | #**%** |

Comments:

|  |
| --- |
| Click here to enter text. |

*\****Attrition rate calculation**: Number of students who attritted from cohort (leave of absence + decelerated + withdrawals + dismissals) divided by the (entering class size + number joining class cohort).

\*\***Graduation rate calculation**: Number of total graduates divided by the (entering class size + number joining class cohort).

**Provide** the program’s student attrition benchmark and rationale for establishing benchmark.

Click here to enter text

**Append** a tabular or graphic display of data collected by the program reflecting the program’s analysis of its student attrition.

Data analysis related to student attrition may include but is not limited to:

* Admissions criteria
* Course Grades of C or Below
* Remediation efforts and outcomes
* Effectiveness of student support services (Ex. Academic advising, tutoring, financial aid, etc)
* Feedback from students who were unable to complete the program

**Provide Narrative** describing the *analysis* of the data collected and displayed within this report reflecting the program’s *analysis* of its student attrition. Include resulting conclusion(s) and application of the *analysis* to the program. (Multi campus programs must address analysis by campus.)

Click here to enter text

**Actions**

**Areas in need of improvement:** As a result of the data *analysis* and conclusions identified in this report, listthe areas in need of improvement and plans for addressing these areas as identified by the program’s process of ongoing self-assessment related to student attrition**.** Reference each identified area to one or more *Standard(s)*.

If none, then leave this section blank.

| **Area Needing Improvement**and (list S*tandard*) | **Plans for Improvement** | **Expected Outcome** | **Person(s) Responsible** | **Completion timeline**(mm/yyyy) or done  | **Assessment of plans implemented**(if applicable) |
| --- | --- | --- | --- | --- | --- |
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Additional Comments:

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**SUBMISSION INSTRUCTIONS**

The program should submit its report by uploading it as a Report Due document type from the program’s portal page. From the portal Program Dashboard, click on Manage Program Documents in the Action Center or click the Documents icon, which looks like several sheets of paper, in the dashboard’s upper-right corner. Click on the link to the pdf Help document “How to Upload.” This report and all supporting documents should be placed in one zip file, with that file being uploaded as the Report Due.

Receipt of this *Student Attrition Required Report* will be acknowledged by the ARC-PA via correspondence sent to the program.

**Statements and Signatures**

I understand and agree that the Program will be subject to an adverse accreditation action which could include denial of accreditation or withdrawal of accreditation, and that future eligibility for accreditation may be denied in the event that any of the statements or answers made in this submitted response are false or in the event that the Program violates any of the policies governing accredited programs.

**Response Submitted by:** Click here to enter name **Date:** Click here to enter date

**Program Director:** Click here to enter name **Date:** Click here to enter date

 The name that appears here is deemed an electronic signature.

**Institutional Official Program**

**Director Reports To:** Click here to enter name **Date:** Click here to enter date

 The name that appears here is deemed an electronic signature.

\*\***Completed Statement and Signature page must be submitted with this report, otherwise the report will not be accepted**.\*\*