

INSTITUTION REVIEW FORM



School/Institution Name _____

Address _____

Website _____

Contact Person _____
(name | phone | email)

Type of Institution college private training school franchise of national organization other

How long has the school been in business in the area? _____

List any accreditation or license the institution has received. _____

Types of degrees, licenses, certifications offered by the institution. _____

What are the enrollment periods at the institution (e.g., monthly, quarterly)? _____

What is the Annual Operating Budget of the institution? _____

How many students per year attend the institution? _____

How many are enrolled in the training the Alliance participant is interested in attending? _____

What is the graduation rate for the institution (of all the individuals who enroll at the institution, what percentage graduate with a degree, certification and/or license)? _____

What are the similar graduation statistics for the training the Alliance participant is interested in attending? _____

Does your school offer job placement services for graduates? Yes No

If so, what is your placement rate for graduates? _____

Please submit responses to all 10 areas on the official letterhead of your institution and mail to: The Alliance - PPT Program, 80 Cottontail Lane - Suite 220, Somerset, NJ 08873