Student Enrollment Data Form
Out-of-State Degree Granting Institutions Operating in Maryland

Institution: _____   **Location:** _____

Please provide for each program at this location, the Total Student Enrollment and Number of Graduates for the past academic year, September 1, _____ to August 31, _____, Duplicate this form as necessary.

Date Completed: _____

Individual Course or Program Major and Award	Full-Time Undergraduates		Part-Time Undergraduates		Full-Time Graduates		Part-Time Graduates		TOTAL Enrollment
	Enroll	**Grad**	**Enroll**	**Grad**	**Enroll**	**Grad**	**Enroll**	**Grad**	
Undeclared/No Major									
Total									