

APPENDIX B

Annual Statistical Report - Part I
 Academic Training Data
 for
Academic Year (9-1-02 to 8-31-03)

Grantee Institution:
 Academic Program Title:
 Program Director:
 Grant Number:

Please provide the following information for each **NIOSH approved academic program** as indicated.

1. What kind of degrees are awarded, e.g., Associate, Baccalaureate, Masters, Doctorate?

How does the degree read? (e.g., M.S. in Occupational Safety)

2. For the period **9-1-02 through 8-31-03**, indicate the following:

	A*	B*	C*	D*	E*
a. Total full-time students enrolled in program:					
b. Total full-time NIOSH-supported students:					
c. Total part-time students enrolled in program:					
d. Total part-time NIOSH-supported students:					
e. Other students taking OS&H courses (does not include students in any of the above categories):					
3. Total number of students graduated from the program for the period 9-1-02 through 8-31-03 . Also complete Appendix C for all the graduated students for the above period:					
4. For the period 9-1-03 through 8-31-04 , please <u>estimate</u> the following:					
a. Total full-time students enrolled in program:					
b. Total full-time NIOSH-supported students:					
c. Total part-time students enrolled in the program:					
d. Total part-time NIOSH-supported students:					
e. Other students taking OS&H courses (does not include students in any of the above categories):					
f. Total number of graduates from program:					

* A = Baccalaureate/associate degree
 B = Master's degree (In the case of Occupational Medicine programs, include OM residents and other physicians in the **NIOSH approved degree program**.)
 C = Doctorate degree
 D = Post-doctoral (Include formally registered Occupational Medicine residents in all years of the residency. In this case it is understood that there may be double-counting between Columns B and D.)
 E = Other (specify, e.g., undergraduate Certificate program trainees)