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| 1. **SUBMISSION INFORMATION**
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| **Submission Name:** |  | **Executve Review Date:** |  |
| **Reporting Period:** |  | **Due Date:** |  |

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| 1. **ATTENDANCE**
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| **Executive Reviewer:** |[ ]  [ Primary [ ]  ] Dr. Paul Dosal | **Data Administrator:** |[ ]  Nicholas Setteducato |
| **Executive Reviewer:** |[ ]  [ Primary [ ]  ] Nick Trivunovich | **Data Admin Backup:** |[ ]  Mariya Galchenko |
| **Executive Reviewer:** |[ ]  [ Primary [ ]  ] Dr. Valeria Garcia | **Data Admin Staff:** |[ ]  Kenneth Rodriguez |
| **Executive Reviewer:** |[ ]  [ Primary [ ]  ] Dr. Theresa Chisolm | **Sub-Certifier:** |[ ]   |
| **Executive Reviewer:** |[ ]  [ Primary [ ]  ] Dr. Valeria Garcia | **Data Steward:** |[ ]   |
| **Executive Reviewer:** |[ ]  [ Primary [ ]  ] Dr. Dwayne Smith | **Data Steward:** |[ ]   |
| **Executive Reviewer:** |[ ]  [ Primary [ ]  ] Dr. Paul Sanberg | **Data Steward:** |[ ]   |
| **Executive Reviewer:** |[ ]  [ Primary [ ]  ] Donna Keener  | **Data Steward:** |[ ]   |

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| 1. **PURPOSE**
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1. **What is the purpose of this submission? How will this information be used by the State and/or Federal Agencies?**
2. **How often is this data submitted?**

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| 1. **DATA ELEMENTS**
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1. **What are the primary data elements?**

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| 1. **ERRORS**
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1. **What types of errors did you experience?**
2. **How were those errors addressed?**

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| 1. **VALIDITY**
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1. **Does the data have face validity?**
2. **Do the numbers make sense?**

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| 1. **TREND ANALYSIS SUMMARY**
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1. **Are the trends what we expected?**
2. **Are the trends moving in the desired direction?**
3. **What are the factors which may be contributing to the trends?**

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| 1. **DATA SUMMARY**
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1. **Provide as an attachment a summary of the key data elements including a comparison of at least 3 - 5 previous reporting periods.** For example, summaries may consist of the following where appropriate:Data Element Report**;** Trend Analysis Report**;** Student/Employee Profile Report**;** Changes in Assignment Square Footage Report.

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| 1. **RESUBMISSION**
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1. **Is this a resubmission? If No, skip this section.**

☐ Yes ☐ No

1. **What is the cause of the resubmission?**
2. **What is the impact to the USF of not resubmitting this data? Please quantify the impact to USF data, e.g., number of students, number of programs, etc.**
3. **Can this missing and/or incorrect data be submitted and/or corrected in a future submission?**

☐ Yes ☐ No

1. **How was this missing and/or incorrect data resolved?**
2. **Which entity initiated this resubmission?**

☐ USF ☐ State/Federal Agency

1. **If resubmission was initiated by USF, have we validated with the State/Federal Agency that a resubmission is necessary?**

☐ Yes ☐ No ☐ N/A

1. **Is this a change that the State/Federal Agency can make on their end?**

☐ Yes ☐ No

1. **Please state any issues or concerns with this resubmission request.**

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| 1. **SUB-CERTIFIER**
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*Signature below indicates that the that the file stated above is officially ready to submit.   In compiling data for this file, I certify that proper procedures were followed.   Upon review, the data presents an accurate and true representation of facts for the period reported.*

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| **Print Name** *(Sub-Certifier)* | **Signature** | **Date** |

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| 1. **PRIMARY EXECUTIVE REVIEWER**
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*Signature below indicates that the that the file stated above is approved for submission. The submission data resides within my area of responsibility and has been discussed and upon review, presents an accurate and true representation of facts for the period reported.*

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| **Print Name** *(Executive Reviewer)* | **Signature** | **Date** |

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| 1. **DATA ADMINISTRATOR**
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*Signature below indicates that the file stated above will officially be submitted.*

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| **Print Name** *(Data Administrator)* | **Signature** | **Date** |