

**ANNUAL REPORT FROM ACCREDITED PROGRAMS  
TO THE COMMISSION ON APPLIED AND CLINICAL SOCIOLOGY**

Institution	Name of Program
Director	Name of Person Filling Out Form

**Faculty:**

List faculty membership in Practice Associations e.g. ASA Practice Section

**Students:**

Number of students completing Program in the past year \_\_\_\_\_  
 (Please list on a separate sheet the name of students who should be listed in the Registry.)  
 Number of students entering Program in the past year \_\_\_\_\_  
 Number of students currently in Program \_\_\_\_\_

**Website:**

Please list how program should be listed with contact on CACS website.

**Journal of Applied Social Science:**

Has your Program received copies of this journal? Yes No  
 If yes, where is this journal located? \_\_\_\_\_ Do students have access? Yes No

**Program Changes:**

Please indicate any changes in the Program since the past year.  
 (Give details on a separate sheet for any "yes" responses)

Program Structure:

Change in Director? Yes No  
 Change in Number of Faculty? Yes No  
 Change in Institutional Resources? Yes No

**Curriculum:**

Any curriculum changes? Yes No  
 Any changes in the Practice Experience? Yes No

**If Changes Were Indicated: Do Any Impact on Critical Requirements?** Yes No  
 (For example, decrease in number of faculty below required level)

**Progress Report Regarding Full Meeting of Standards:**

(Please indicate any concerns raised during your most recent accreditation, and indicate progress made in meeting these.)  
 (Give details on a separate sheet.)

**Any Notable Accomplishments** (Awards, Publications, Etc.) of Program Personnel  
 (Faculty, Students) During the Past Year? Yes No  
 (If yes, give details on a separate sheet.)

**Any Assistance** which the Program may require from the Commission? Yes No  
 (If yes, give details on separate sheet.)

**Any changes within the program, department, college, or institution that have impacted the accredited program and affected (or will affect) delivery of the accredited program?** Yes No  
 (If yes, give details on separate sheet.)

Signatures:

Director	Department Chair	Person Completing Report	Date Submitted
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