

**NATIONAL ASSOCIATION OF SCHOOLS OF THEATRE
SUPPLEMENTAL ANNUAL REPORT FOR THE 2023-2024 ACADEMIC YEAR**

(Please complete the entire form regardless of the role NAST serves as your institutional gatekeeper for the purpose of participation in federal/state financial aid programs.)

Name and Title of Person Completing Report

Name and Title of Theatre Executive/Representative to NAST

Name of Institution *(please do not abbreviate)*

Name of Unit

Street Address

City, State, Zip, Country

Telephone Number (including area code)

Email

1. Please check only one:

- NAST is our institutional accreditor.
 _____ is our institutional accreditor.

2. We have provided, as Appendix A, our current tuition and fee schedule.

3. Please check only one:

- Our institution is involved with federal and/or state student loan and grant programs.

A summary of the institution's involvement with federal student loan and grant programs is provided, as Appendix B, including breakdowns for each federal loan and grant program, and the percentage of general expenditures derived from Pell Grant funds.

A summary of the institution's involvement with state student loan and grant programs is provided, as Appendix C, including breakdowns for each state loan and grant program.

- Our institution is not involved with federal and/or state student loan and grant programs.
(If this statement applies to your institution, please skip questions 4 and 9.)

4. (a) We have provided, as Appendix D, the percentage of the institution's tuition income and the percentage of its total income derived from federal loans and grants to students, with breakdowns by category of loan and grant.

(b) We have provided, as Appendix E, the percentage of the institution's tuition income and the percentage of its total income derived from state loans and grants to students, with breakdowns by category of loan and grant.

5. We have provided, as Appendix F, the audited financial statement of the institution with auditor's opinion for the most recent fiscal year.

6. The institution has received notice of pending actions to review the institution by (*check all that apply*):

Yes No A state-wide authority that monitors operations of educational institutions.

Yes No Another institutional or specialized accreditor.

Yes No Federal or state student grants and loan authorities.

7. We have provided, as Appendix G, for the current and the previous academic years, the total enrollment of the institution and of any distance or correspondence education programs it offers.

8. Please check only one:

We have provided, as Appendix H, an update on the status of any applications for accreditation or reaccreditation to other accrediting bodies.

The institution has not made application for accreditation or reaccreditation to any other accrediting bodies.

9. We have provided, as Appendix I, documentation outlining the institution's system for (a) requesting and compiling occupation information from graduates, particularly the most recent graduates, and (b) considering the compiled information in efforts to improve.

Name (*please print*)

Signature

Date

**Please return this questionnaire no later than October 15, 2024
by email to annualreports@arts-accredit.org or by mail to
National Association of Schools of Theatre
11250 Roger Bacon Drive, Suite 21
Reston, VA 20190**