

APPENDIX H

FORMS

Year and Term _____

Records _____

The copy of the STUDENT CENSUS FILE ERSA for the year and term specified above contains the specified number of records. It is certified to be substantially accurate as of the census date and in substantial agreement with campus applicant data records. A copy of all of the files that are necessary to replicate the ERS file and provide for audit and reconciliation requirements will be retained on campus for at least two years.

Name* _____

Title _____

Campus _____

FAX this form to:
(562) 951-4837

Mail original to:
Dr. Philip Garcia
Senior Director, Analytic Studies
Office of the Chancellor
401 Golden Shore, 6th Floor
Long Beach, California 90802-4210

* To be signed by the president or an officer designated in writing by the president.

Last Date Revised: 10/15/07

ERS Degree

Conferred File Transmittal Form

A copy of this transmittal form must accompany each submission of an ERSD file to the Chancellor's Office.

1. College Year _____
a. Term(s) _____

Primary Degree Conferred File

2. File Name _____
3. Number of Baccalaureate Degree Records _____
4. Number of Master's Degree Records _____
5. Number of Doctoral Degree Records _____
6. Total Number of Records _____

Supplementary Multiple Major Degree File

7. File Name _____
8. Number of Baccalaureate Degrees
Conferred with Multiple Major
Degree Programs _____

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Transmittal By

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Signature

Title

Campus

Last Date Revised: 10/15/07

ERS Off-Campus Centers Transaction File Submittal Form

Year and Term _____

Enrollment/Headcount _____

Student Credit Units (SCU) _____

FTE (SCU ÷ 15) _____

Name* _____

Title _____

Campus _____

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Year and Term _____

Records _____

Student Credit Units _____

The copy of the STUDENT CENSUS FILE sERSS for the year and term specified above contains the specified number of records and student credit units. It is certified to be substantially accurate as of the census date and in substantial agreement with campus student data records. A copy of all of the files that are necessary to replicate the sERS file and provide for audit and reconciliation requirements will be retained on campus for at least two years.

Name* _____

Title _____

Campus _____

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ERS Special Sessions Checklist Form

A copy of this checklist must accompany each submission of an sERSS file to the Chancellor's Office.

1. Year and term of this file _____
2. File Name _____
3. Date instruction for term began (YYMMDD) _____

4. Date instruction for term ended (YYMMDD) _____
5. Census date(s) – as determined by campus (YYMMDD) _____

6. Does each student in this file represent a fee properly paid, billed, or waived? Yes _____ No _____
7. Does job ERS03i show that the edited file is free of catastrophic errors? Yes _____ No _____

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Prepared By

Signature

Title

Campus

Date

Last Date Revised: 10/15/07

Year and Term _____

Records _____

Student Credit Units _____

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Title _____

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ERS Student

Checklist Form

A copy of this checklist must accompany each submission of an ERSS file to the Chancellor's Office.

1. Year and term of this file _____
2. File Name _____
3. Date instruction for term began (YYMMDD) _____
4. Last date to drop classes without penalty (YYMMDD) _____
5. Census date – 15 quarter or 20 semester days of instruction (YYMMDD) _____
6. Are all student credit unit program changes made prior to penalty date reflected in this file? Yes _____ No _____
7. Have all course enrollments been verified by faculty? Yes _____ No _____
8. Does each student in this file represent a fee properly paid, billed, or waived? Yes _____ No _____
9. Are all audit units properly excluded? Yes _____ No _____
10. Are all units in International Programs abroad properly excluded? Yes _____ No _____
11. Is the ERS file the output of Edit Program ERS-P02? Yes _____ No _____
12. Has the file been edited by campus programs? Yes _____ No _____

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Prepared By

Signature

Title

Campus

Date

Last Date Revised: 10/15/07

EDUCATION CREDENTIALS RECOMMENDED FILE TRANSMITTAL

A copy of this transmittal form must accompany final submission of a catastrophic-free ERST Credential Recommendation file to the Chancellor's Office. The information contained on the form is for the entire college year and includes summer through spring terms.

Campus	_____
College Year	_____
Number of Single Subject Recommendation Records	_____
Number of Multiple Subject Recommendation Records	_____
Number of Specialist Recommendation Records	_____
Number of Service Recommendation Records	_____
Number of Designated Subject Recommendation Records	_____
Total Number of Recommendation Records	_____

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Transmittal By	_____
Signature	_____
Title	_____
Date	_____

Last Date Revised: 10/15/07

