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| 1. **SUBMISSION INFORMATION**
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| **Submission Name:** |  | **Executve Review Date:** |  |
| **Reporting Period:** |  | **BOG Due Date:** |  |
| **AppWorx Run ID:** |  |  |  |

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| 1. **ATTENDANCE**
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| **Executive Reviewer:** |[ ]  [ Primary [ ]  ] Dr. Paul Atchley | **Data Administrator:** |[ ]  Nicholas Setteducato |
| **Executive Reviewer:** |[ ]  [ Primary [ ]  ] Dr. Glen Besterfield | **Data Admin Backup:** |[ ]  Mariya Galchenko |
| **Executive Reviewer:** |[ ]  [ Primary [ ]  ] Dr. Theresa Chisolm | **Data Admin Staff:** |[ ]  Kenneth Rodriguez |
| **Executive Reviewer:** |[ ]  [ Primary [ ]  ] Dr. Paul Dosal | **Sub-Certifier:** |[ ]   |
| **Executive Reviewer:** |[ ]  [ Primary [ ]  ] Dr. Valeria Garcia | **Data Steward:** |[ ]   |
| **Executive Reviewer:** |[ ]  [ Primary [ ]  ] Billie Jo Hamilton | **Data Steward:** |[ ]   |
| **Executive Reviewer:** |[ ]  [ Primary [ ]  ] Nick Trivunovich | **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?**
2. **How often is this data submitted?**

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| 1. **ERRORS / ISSUES**
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1. **Are there any level 9 errors?** **If yes, list errors along with their justification/explanation.**

[ ]  Yes [ ]  No

1. **Did you experience any issues preparing this submission? If yes, how were the issues resolved?**

[ ]  Yes [ ]  No

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| 1. **DATA ELEMENTS**
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1. **What are the primary data elements? Attach a copy of the SUDS ‘Submission Summary’ Report.**
2. **Does this submission include Performance Based Funding (PBF) Data Elements?**

[ ]  Yes [ ]  No

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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 and PBF elements if applicable 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. **APPWORX INFORMATION**
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1. **Attach the HUB/BOG AppWorx Process Statistics Report PDF.**
2. **Attach a screenshot of the SUDS submission homepage that includes: ‘Submission Specifics’ and ‘Tables in Submission’.**

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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 ☐ BOG

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

☐ Yes ☐ No ☐ N/A

1. **Is this a change that the BOG 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 to the Florida Board of Governors.   In compiling data for this file, I certify that proper procedures were followed.   This file has been processed against the edit criteria on the State University Database System (SUDS) and upon review, 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 to the Florida Board of Governors. 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 to the Florida Board of Governors.*

*I certify the following has been reviewed as indicated by check mark.*

[ ]  Record count on SUDS Table matches HUB/BOG AppWorx Process Statistics Report

[ ]  Run ID on SUDS matches HUB/BOG AppWorx Process Statistics Report

[ ]  Explanations have been entered on SUDS [ ]  Explanations not applicable for this submission

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