# View History Report

Show detailed result
Batch Info Analyst Review by Elvira Miller

| | |
|---|---|
| **1. Report Year** | 2022 |
| **2. Institution Code** | 85209883 |
| **3. Institution Name (auto-populated)** | Xavier College |
| **4. Name of Responsible Officer submitting online Annual Report?** | Elvira Miller |
| **5. Responsible Officer - Phone** | (209) 941-0968 |
| **6. Responsible Officer - Email** | elviramiller2@aol.com |
| **7. Have you completed ONE Institution Data workflow for this Annual Report online submission?** | Yes |
| **8. Have you completed ONE Program Data workflow PER OFFERED PROGRAM for this Annual Report online submission?** | Yes |
| **9. Have you completed ONE Branch Data workflow PER BRANCH LOCATION for this Annual Report online submission?** | No Branch Locations |
| **10. Have you completed ONE Satellite Data workflow PER SATELLITE LOCATION for this Annual Report online submission?** | No Satellite Locations |
| **Signature** | Signed By: Elvira Miller - elviramiller2@aol.com Date Signed: 11/30/2023 6:05:20 PM -08:00 GMT IP Address: 107.220.109.89 |
| **Analyst** | 11/30/2023 bppe.annualreport@dca.ca.gov |

Completed Stages:

**Batch Info:** ✔ 11/30/2023 06:05:20 PM - Elvira Miller

0 Comments 0 Emails

# Comments

Comments(0)

To link emails to this workflow - send or CC them to this workflow using the following workflow specific address: wf-5c9e0753e69b45739e0d1f1ba3147e83.preprod@simpligov.com . All emails sent into the workflow will display in the list below.

# View History Report

Show detailed result
Institution Info Ready To Send by Elvira Miller

| | |
|---|---|
| **1. Report Year** | 2022 |
| **2. Institution Code** | 85209883 |
| **3. Institution Name (auto-populated)** | Xavier College |
| **4. Street Address (Physical Location)** | 1340 North El Dorado St |
| **5. City** | Stockton |
| **6. State** | CA |
| **7. Zip Code** | 95202 |
| **8. Select the type of business organization for this institution** | For profit corporation |
| **9. Number of Branch Locations** | 0 |
| **10. Number of Satellite Locations** | 0 |
| **Upload completed Excel or CSV here** | AR LaborMarketData 2022.xlsx |
| **11a. Is this institution current with all assessments to the Student Tuition Recovery Fund?** | Yes |
| **11b. Is this institution current on Annual Fees?** | Yes |
| **12. Is your institution accredited by an accrediting agency/agencies recognized by the United States Department of Education?** | Yes |
| **12a. Accrediting Agency (more than one agency may be selected)** | Accrediting Bureau of Health Education Schools |
| **13. If your institution has specialized accreditation from a recognized United States Department of Education approved specialized/programmatic** | Accrediting Commission for Education in Nursing |

accreditor, list the accreditation below.

14. Has any accreditation agency taken any final disciplinary action against this institution in the reporting year? Indicate "yes" if the institution has had final disciplinary action taken against it by an accreditation agency; Indicate "no" if no final action has been taken against the institution by an accreditation agency. If Yes, please upload a copy of the action at #14a.

No

15. Does your institution participate in federal financial aid programs under Title IV of the Federal Higher Education Act? (This includes federal loans and grants)

Yes

15a. What is the total amount of Title IV funds received by your institution in this Reporting Year?

$1,440,108.00

16. Does your institution participate in veterans' financial aid education programs?

Yes

16a. What is the total amount of veterans' financial aid funds received by your institution in this Reporting Year?

$0.00

17. Does your institution participate in the Cal Grant program?

No

18. Is your institution on California`s Eligible Training Provider List (ETPL)?

No

19. Is your institution receiving funds from the

No

Work Innovation and Opportunity Act (WIOA) Program?

20. Does your Institution participate in, or offer, any other state or federal government financial aid programs? (i.e., vocational rehab...)          No

20b. What is the total amount of any other state or federal funds received by your institution in the reporting year?          $0.00

21. Provide the percentage of institutional income during this Reporting Year derived from public funding.          59

22. Does your Institution participate in, or offer any non-government financial aid programs? (i.e., private grants/loans, institutional grants/loans)          No

23. The percentage of institutional income in the reporting year derived from any non-government financial aid.          0

24. Enter the most recent three-year cohort default rate reported by the U.S. Department of Education for this institution, if applicable.          0

25. Provide the percentage of the students who attended this institution during this Reporting Year who received federal student loans to help pay their cost of education at the school.          84

26. Provide the average amount of federal student          $12,824.00

loan debt of graduates who took out federal student loans at this institution.

27. Total number of students enrolled at this institution in the reporting year. Indicate the number of students attending and/or enrolled in all programs at your institution (minus the number of students in the reporting year who cancelled during the cancellation period) January 1st through December 31st .   90

28. Number of Doctorate Degree Programs Offered? Indicate the number of Doctorate degree Programs the institution offered for the reporting year. (Number of Programs not Students)   0

29. Number of Students enrolled in Doctorate programs at this institution? Indicate the number of students enrolled and/or active in all Doctorate programs at your institution in the reporting year as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period.   0

30. Number of Master Degree Programs Offered? Indicate the number of Master degree Programs the institution offered for the reporting year. (Number of Programs not Students)   0

31. Number of Students enrolled in Master programs at this institution? Indicate the number of students enrolled and/or active in all Master programs at your institution in the reporting year as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period.    0

32. Number of Bachelor Degree Programs Offered? Indicate the number of Bachelor degree Programs the institution offered for the reporting year. (Number of Programs not Students)    0

33. Number of Students enrolled in Bachelor programs at this institution? Indicate the number of students enrolled and/or active in all Bachelor programs at your institution in the reporting year as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period.    0

34. Number of Associate Degree Programs Offered? Indicate the number of Associate degree Programs offered for the reporting year. (Number of Programs not Students)    1

35. Number of Students enrolled in Associate programs at this institution? Indicate the number of students enrolled and/or active in    30

all Associate programs at your institution in the reporting year as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period.

36. Number of Diploma or Certificate Programs Offered? Indicate the number of Diploma or Certificate Programs offered for the reporting year. (Number of Programs not Students)    1

37. Number of Students enrolled in diploma or certificate programs at this institution? Indicate the number of students enrolled and/or active in all diploma/certificate programs at your institution in the reporting year as of January 1st through December 31st, minus the number of students who cancelled during the cancellation period.    60

| | |
|---|---|
| Total Program Count | 2 |
| Institution's Website | www.xavier-college.com |
| 38. Upload School Performance Fact Sheet | 2021 2022 RN VN SPFS.pdf |
| 39. Upload Catalog | 2021-2022 Catalog.pdf |
| 40. Upload Enrollment Agreement | Enrollment Agreement_000589.pdf |
| *** NOTES *** | 0 |

Pending Batch Submit Analyst Review by Unassigned Status

| | |
|---|---|
| Analyst | unassigned@simpligov.com |

Completed Stages:

| | |
|---|---|
| Institution Info: | ✔ 11/30/2023 04:05:33 PM - Elvira Miller |
| Pending Batch Submit: | ✔ 11/30/2023 06:05:21 PM - Unassigned Status |

Uploaded Files

| Name | Uploaded by | Version | Source |
|------|-------------|---------|--------|
| AR LaborMarketData 2022.xlsx | Elvira Miller | 1 | Upload completed Excel or CSV here |
| 2021 2022 RN VN SPFS.pdf | Elvira Miller | 1 | 38. Upload School Performance Fact Sheet |
| 2021-2022 Catalog.pdf | Elvira Miller | 1 | 39. Upload Catalog |
| Enrollment Agreement_000589.pdf | Elvira Miller | 1 | 40. Upload Enrollment Agreement |

0 Comments 0 Emails

## Comments

Comments(0)

To link emails to this workflow - send or CC them to this workflow using the following workflow specific address: wf-b8a4eda17e514e93bb9a8a6934e626ca.preprod@simpligov.com . All emails sent into the workflow will display in the list below.

Audit Trail

Show detailed result
Institution Info Ready To Send by Elvira Miller

| | |
|---|---|
| **1. Report Year** | 2022 |
| **2. Institution Code** | 85209883 |
| **3. Institution Name (auto-populated)** | Xavier College |
| **4. Name of Program** | Registered Nursing Prelicensure |
| **5. Program Level? Indicate the academic level of the program you are entering, (e.g., Doctorate, Masters, Bachelor, Associate, Diploma/Certificate, Other). If you indicate 'Other', please enter the Program Level in #5a.** | Associate |
| **6. Select the Classification of Instructional Programs (CIP) Code that applies to this educational program. Select from the dropdown list the code that most accurately corresponds to the educational program. (Optional)** | Nursing/Registered Nurse (RN, ASN, BSN, MSN). |
| **7. Select all Standard Occupational Classification (SOC) Codes that apply to this program. Select all applicable codes from the dropdown list. (Optional)** | 29-1141 - Registered Nurses |
| **8. Number of Degrees, Diplomas or Certificates Awarded** | 1 |
| **9. Total Charges for this Program** | $47,000.00 |
| **10. The percentage of enrolled students in the reporting year receiving federal student loans to pay for this program** | 79 |
| **11. The percentage of graduates in the reporting** | 79 |

| | |
|---|---|
| year who took out federal student loans to pay for this program | |
| 12. Number of Students Who Began the Program | 30 |
| 13. Number of Students Available for Graduation | 30 |
| 14. Number of On-time Graduates | 16 |
| 15. Completion Rate | 53.33333 |
| 16. 150% Graduates? | 29 |
| 17. 150% Completion Rate | 96.66667 |
| 18. Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education? | No |
| 19. Graduates Available for Employment | 29 |
| 20. Graduates Employed in the Field | 25 |
| 21. Placement Rate | 86.2069 |
| 22a. 20 to 29 hours per week | 1 |
| 22b. at least 30 hours per week | 24 |
| 23a. In a single position in the field of study | 25 |
| 23b. In concurrent aggregated positions in the field of study (2 or more positions at the same time) | 0 |
| 23c. Freelance/self-employed | 0 |
| 23d. By the institution or an employer owned by the institution, or an employer who shares ownership with the institution | 0 |
| Display Instructions for #24-25 (Toggle) | Checked |
| 24. Does this "Program" lead to a certificate or | No |

degree related to one or more of the following allied health professionals that requires clinical training?

| | |
|---|---|
| 26. Does this educational program lead to an occupation that requires State licensing? | Yes |
| 26a. Do graduates have the option or requirement for more than one type of licensing State exam? | No |
| Display Instructions for #27-34 (Toggle) | Checked |
| 27. Name of the State licensing entity that licenses this field | California Board of Registered Nursing |
| 28. Name of State Exam | NCLEX-RN |
| 29. Number of Graduates Taking State Exam | 29 |
| 30. Number Who Passed the State Exam | 21 |
| 31. Number Who Failed the State Exam | 8 |
| 32. Passage Rate | 72.41379 |
| 33. Is this data from the State licensing agency that administered the exam? | Yes |
| 33a. Name of Agency | California Board of Registered Nursing |
| 35. Name of the State licensing entity that licenses this field | California Board of Registered Nursing |
| 36. Name of State Exam | NCLEX-RN |
| 37. Number of Graduates Taking State Exam | 29 |
| 38. Number Who Passed the State Exam | 25 |
| 39. Number Who Failed the State Exam | 4 |
| 40. Passage Rate | 86.2069 |
| 41. Is this data from the State licensing agency that administered the State exam? | Yes |

| | |
|---|---|
| **41a. Name of Agency** | California Board of Registered Nursing |
| **43. Graduates Available for Employment** | 29 |
| **44. Graduates Employed in the Field** | 25 |
| **$0 - $5,000** | 0 |
| **$5,001 - $10,000** | 0 |
| **$10,001 - $15,000** | 0 |
| **$15,001 - $20,000** | 0 |
| **$20,001 - $25,000** | 0 |
| **$25,001 - $30,000** | 0 |
| **$30,001 - $35,000** | 0 |
| **$35,001 - $40,000** | 0 |
| **$40,001 - $45,000** | 0 |
| **$45,001 - $50,000** | 0 |
| **$50,001 - $55,000** | 1 |
| **$55,001 - $60,000** | 0 |
| **$60,001 - $65,000** | 0 |
| **$65,001 - $70,000** | 0 |
| **$70,001 - $75,000** | 0 |
| **$75,001 - $80,000** | 0 |
| **$80,001 - $85,000** | 1 |
| **$85,001 - $90,000** | 0 |
| **$90,001 - $95,000** | 1 |
| **$95,001 - $100,000** | 1 |
| **Over $100,000** | 21 |

**Pending Batch Submit** Analyst Review by Unassigned Status

| | |
|---|---|
| **Analyst** | unassigned@simpligov.com |

Completed Stages:

| | |
|---|---|
| **Institution Info:** | ✔ 11/30/2023 05:19:15 PM - Elvira Miller |
| **Pending Batch Submit:** | ✔ 11/30/2023 06:05:21 PM - Unassigned Status |

0 Comments 0 Emails

## Comments

Comments(0)

To link emails to this workflow - send or CC them to this workflow using the following workflow specific address: wf-778ef64acdaf4d06a4ccc9ae7dbe7905.preprod@simpligov.com . All emails sent into the workflow will display in the list below.

# View History Report

Show detailed result
Institution Info Ready To Send by Elvira Miller

| | |
|---|---|
| **1. Report Year** | 2022 |
| **2. Institution Code** | 85209883 |
| **3. Institution Name (auto-populated)** | Xavier College |
| **4. Name of Program** | Vocational Nursing |
| **5. Program Level? Indicate the academic level of the program you are entering, (e.g., Doctorate, Masters, Bachelor, Associate, Diploma/Certificate, Other). If you indicate 'Other', please enter the Program Level in #5a.** | Diploma/Certificate |
| **6. Select the Classification of Instructional Programs (CIP) Code that applies to this educational program. Select from the dropdown list the code that most accurately corresponds to the educational program. (Optional)** | 51.1613 - Licensed Practical/Vocational Nurse Training (LPN, LVN, Cert., Dipl, AAS). |
| **7. Select all Standard Occupational Classification (SOC) Codes that apply to this program. Select all applicable codes from the dropdown list. (Optional)** | 29-2061 - Licensed Practical and Licensed Vocational Nurses |
| **8. Number of Degrees, Diplomas or Certificates Awarded** | 1 |
| **9. Total Charges for this Program** | $27,000.00 |
| **10. The percentage of enrolled students in the reporting year receiving federal student loans to pay for this program** | 94 |
| **11. The percentage of graduates in the reporting** | 94 |

| | |
|---|---|
| year who took out federal student loans to pay for this program | |
| 12. Number of Students Who Began the Program | 60 |
| 13. Number of Students Available for Graduation | 60 |
| 14. Number of On-time Graduates | 33 |
| 15. Completion Rate | 55 |
| 16. 150% Graduates? | 47 |
| 17. 150% Completion Rate | 78.33333 |
| 18. Is the above data taken from the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education? | No |
| 19. Graduates Available for Employment | 47 |
| 20. Graduates Employed in the Field | 37 |
| 21. Placement Rate | 78.7234 |
| 22a. 20 to 29 hours per week | 0 |
| 22b. at least 30 hours per week | 37 |
| 23a. In a single position in the field of study | 37 |
| 23b. In concurrent aggregated positions in the field of study (2 or more positions at the same time) | 0 |
| 23c. Freelance/self-employed | 0 |
| 23d. By the institution or an employer owned by the institution, or an employer who shares ownership with the institution | 0 |
| 24. Does this "Program" lead to a certificate or degree related to one or more of the following allied health professionals | Yes |

| | |
|---|---|
| that requires clinical training? | |
| **24a. Select the Allied Health Professions requiring clinical training.** | Licensed Vocational Nurse |
| **24b. Enter the name(s) of clinical site(s). Enter the License number or Employer Identification number, program name, total number of students and the number of students proficient in languages other than English.** | Download |
| **25. For each clinical site, indicate whether any donation, money, compensation, or exchange of any consideration was offered or provided by the institution to the business, nonprofit, or other organization, clinic, hospital, or other location where the student was placed.** | Download |
| **26. Does this educational program lead to an occupation that requires State licensing?** | Yes |
| **26a. Do graduates have the option or requirement for more than one type of licensing State exam?** | No |
| **Display Instructions for #27-34 (Toggle)** | Checked |
| **27. Name of the State licensing entity that licenses this field** | CA Board of Vocational Nursing & Psychiatric Technicians |
| **28. Name of State Exam** | NCLEX-PN |
| **29. Number of Graduates Taking State Exam** | 51 |
| **30. Number Who Passed the State Exam** | 48 |
| **31. Number Who Failed** | 3 |

| | |
|---|---|
| the State Exam | |
| **32. Passage Rate** | 94.11765 |
| **33. Is this data from the State licensing agency that administered the exam?** | Yes |
| **33a. Name of Agency** | CA Board of Vocational Nursing & Psychiatric Technicians |
| **35. Name of the State licensing entity that licenses this field** | CA Board of Vocational Nursing & Psychiatric Technicians |
| **36. Name of State Exam** | NCLEX-PN |
| **37. Number of Graduates Taking State Exam** | 47 |
| **38. Number Who Passed the State Exam** | 45 |
| **39. Number Who Failed the State Exam** | 2 |
| **40. Passage Rate** | 95.74468 |
| **41. Is this data from the State licensing agency that administered the State exam?** | Yes |
| **41a. Name of Agency** | CA Board of Vocational Nursing & Psychiatric Technicians |
| **43. Graduates Available for Employment** | 47 |
| **44. Graduates Employed in the Field** | 37 |
| $0 - $5,000 | 0 |
| $5,001 - $10,000 | 0 |
| $10,001 - $15,000 | 0 |
| $15,001 - $20,000 | 0 |
| $20,001 - $25,000 | 0 |
| $25,001 - $30,000 | 0 |
| $30,001 - $35,000 | 0 |
| $35,001 - $40,000 | 0 |
| $40,001 - $45,000 | 0 |
| $45,001 - $50,000 | 7 |
| $50,001 - $55,000 | 0 |
| $55,001 - $60,000 | 2 |
| $60,001 - $65,000 | 4 |
| $65,001 - $70,000 | 7 |
| $70,001 - $75,000 | 15 |
| $75,001 - $80,000 | 2 |
| $80,001 - $85,000 | 0 |

| | |
|---|---|
| **$85,001 - $90,000** | 0 |
| **$90,001 - $95,000** | 0 |
| **$95,001 - $100,000** | 0 |
| **Over $100,000** | 0 |

**Pending Batch Submit** Analyst Review by Unassigned Status

| **Analyst** | unassigned@simpligov.com |
|---|---|

Completed Stages:

| **Institution Info:** | ✔ 11/30/2023 05:57:55 PM - Elvira Miller |
|---|---|
| **Pending Batch Submit:** | ✔ 11/30/2023 06:05:21 PM - Unassigned Status |

0 Comments 0 Emails

## Comments

Comments(0)

To link emails to this workflow - send or CC them to this workflow using the following workflow specific address: wf-476bb8e7574a422c9263f5d512018ab7.preprod@simpligov.com . All emails sent into the workflow will display in the list below.