



PrintED ANNUAL STATUS REPORT
Accredited Program

Date _____

Lead Instructor _____ Title _____

School/Institution _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____

Additional Instructor(s) _____

E-mail(s) _____

Program Director/Principal _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____

Accreditation expiration _____

Number of students in the program _____

- List any currently held industry-related memberships (e.g., GCEA, PIA Affiliate, Printing Industries of America, etc.).

- List the graphic communications workshops or courses attended by the instructor(s) in the past year. A minimum of six contact hours in graphic communications is required. (INCLUDE DOCUMENTATION)

_____ Title Date

_____ Title Date

- Does the program's Advisory Committee meet at least once a year?

Yes No

Meeting date(s): _____

- Industry Advisory Committee Members (Attach a list or complete the information below).

Name _____ Title _____
Company _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
E-mail _____

Name _____ Title _____
Company _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
E-mail _____

Name _____ Title _____
Company _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
E-mail _____

- Does this program have articulation agreements with any post-secondary institutions, colleges or universities?

Yes No

If yes, provide the following information:

School _____
Address _____
City _____ State _____ Zip _____

School _____
Address _____
City _____ State _____ Zip _____

School _____
Address _____
City _____ State _____ Zip _____

- Number of PrintED graduates _____
- Of these graduates, the number of individuals placed in graphic communications/printing jobs _____
- Of these graduates, the number of individuals pursuing further graphic communications education _____

If available:

- Complete the attached *Graduate Information* listing individuals from the accredited PrintED program that have secured positions in a printing or graphics communications company.

Signature (*Director/Principal*)

Date

Signature (*Instructor*)

Date

E-mail, Fax or send to: **E-mail:** gaerf@npes.org
 Fax: (703) 620-3165

Graphic Arts Education and Research Foundation
1899 Preston White Drive
Reston, VA 20191-4367
Phone: (703) 264-7200

PrintED GRADUATE INFORMATION

*DUPLICATE AS NEEDED

The following individuals have graduated from _____

Name _____

Employed Continuing Education Military Other

Company/School _____

Address _____

City _____ State _____ Zip _____

Name _____

Employed Continuing Education Military Other

Company/School _____

Address _____

City _____ State _____ Zip _____

Name _____

Employed Continuing Education Military Other

Company/School _____

Address _____

City _____ State _____ Zip _____

Name _____

Employed Continuing Education Military Other

Company/School _____

Address _____

City _____ State _____ Zip _____

Name _____

Employed Continuing Education Military Other

Company/School _____

Address _____

City _____ State _____ Zip _____

Name _____

Employed Continuing Education Military Other

Company/School _____

Address _____

City _____ State _____ Zip _____