

**AGENDA
FOR
COUNCIL OF DEANS**

ADMINISTRATIVE BOARD

THURSDAY, SEPTEMBER 18, 1975

**9:00 AM - 1:00 PM
WASHINGTON HILTON HOTEL
MONROE ROOM EAST**

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

One Dupont Circle, N. W.

Washington, D. C.

COUNCIL OF DEANS
ADMINISTRATIVE BOARD
September 18, 1975
9 a.m. - 1 p.m.
Washington Hilton Hotel
Monroe Room East

AGENDA

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I. Call to Order	
II. Chairman's Report	
III. Action Items	
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B. Executive Council Actions--	
1. LCME Procedures for Levying Charges to Schools for Early Stage Accreditation Site Visits and Provisional Accreditation (Executive Council Agenda).....	(23)
2. LCME Voting Representation of the AAMC (Executive Council Agenda).....	(24)
3. Election of Institutional Members (Executive Council Agenda).....	(25)
4. Amendment to the AAMC Bylaws to Establish a Category of Corresponding Members (Executive Council Agenda).....	(33)
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ASSOCIATION OF AMERICAN MEDICAL COLLEGES
ADMINISTRATIVE BOARD OF THE COUNCIL OF DEANS

Minutes

June 19, 1975
9 a.m. - 1 p.m.
Conference Room, AAMC Headquarters

DRAFT

PRESENT

(Board Members)

Ivan L. Bennett, Jr., M.D.
J. Robert Buchanan, M.D.
Ralph J. Cazort, M.D.
Christopher C. Fordham III, M.D.
Neal L. Gault, M.D.
John A. Gronvall, M.D.
William H. Luginbuhl, M.D.
Robert L. Van Citters, M.D.

(Guests)

Mark Cannon
Steve Gressit
Cynthia B. Johnson, Ph.D.

(Staff)

Robert J. Boerner
George R. DeMuth, M.D.
H. Paul Jolly, Ph.D.
Joseph A. Keyes
Roger O. Lambson, Ph.D.
Susan R. Langran
Diane Mathews
Thomas E. Morgan, M.D.
Jaimee S. Parks
James R. Schofield, M.D.
Emanuel Suter, M.D.
Bart Waldman
Marjorie P. Wilson, M.D.

ABSENT

Andrew D. Hunt, M.D.
Julius R. Krevans, M.D.

I. Call to Order

The meeting was called to order at 9:10 a.m. by Dr. Ivan L. Bennett, Jr., Chairman.

II. Chairman's Report

Dr. Bennett reported on meetings of the AAMC Executive Committee with Senator Edward Kennedy and with Representative Paul Rogers held on June 18, 1975 to discuss Health Manpower Legislation. Dr. Bennett believed that the meetings did not result in any discernable advance toward legislative positions favored by

the AAMC. At the conclusion of the meeting with Senator Kennedy there was an agreement that Senator Kennedy's staff would begin to explore with the AAMC options and alternatives on various issues which the Senate bill might address. Dr. Bennett indicated that this conference would most likely be discussed at greater length at the Executive Council meeting later in the day.

III. Minutes of the Previous Meeting

The minutes of the April 3, 1975 meeting were approved as circulated.

IV. Executive Council Actions

A. Election of Provisional Institutional Member

The University of South Carolina - Columbia School of Medicine has applied for Provisional Institutional Membership in the AAMC. They have fulfilled the current criteria for such membership and have a Letter of Reasonable Assurance.

Action:

The Board endorsed Executive Council recommendation of election of the University of South Carolina School of Medicine to Provisional Institutional Membership by the Assembly, subject to the ratification of this action by the full Council of Deans.

B. Criteria for Election to Provisional Institutional Membership

The Executive Council agenda included a proposal that a prerequisite for election to provisional institutional membership be changed from receipt of a Letter of Reasonable Assurance of accreditation from the Liaison Committee on Medical Education to the award of provisional accreditation by that body.

Background

On June 25, 1971, the Executive Council specified the following prerequisites, procedures and criteria to be followed by an applicant for membership:

I. Provisional Institutional Membership

(A) Action by the School -

A letter from a developing medical school requesting provisional institutional membership in the AAMC, that letter indicating that the medical school or college has fulfilled the following:

1. has an appropriate sponsor
2. has a definite commitment by that sponsor
3. has appointed a full-time dean
4. has received (a letter of) Reasonable Assurance of accreditation from the Liaison Committee on Medical Education

(B) Action by the Council of Deans

(C) Action by the Executive Council

(D) Action by the Assembly

The LCME, in response to (1) the necessity to meet newly developed eligibility requirements to be the recognized accrediting agency in medical education in the U.S.A., as established by the Office of Education, DHEW, and (2) the changing character of applicants for accreditation in the past three years, has modified its system of procedures leading to Provisional Accreditation of new medical schools.

In its meeting of June 1974, the LCME separated the category of Letter of Reasonable Assurance of Accreditation from the category of Provisional Accreditation, thereby establishing two formal stages of requirements to be met by a developing medical school before the charter class of students could be approved for enrollment therein.

LCME, June 12-13, 1974:

Stage I, Letter of Reasonable Assurance of Accreditation

Governmental or other agencies may require "Reasonable Assurance" as a condition for considering an application for financial assistance from, or granting an award to, a proposed medical school.

Upon request the Liaison Committee on Medical Education may authorize a statement of Letter of Reasonable Assurance. Before doing so, the Liaison Committee on Medical Education will determine that there is an acceptable plan for the development of the proposed school which, if implemented as projected, may reasonably be expected to conform to the requirements for provisional accreditation as described in the statement "Functions and Structure of a Medical School", and that there is a reasonable probability that the plan will be implemented.

"Reasonable Assurance" does not commit the Liaison Committee to the granting of provisional accreditation.

Stage II, Provisional Accreditation

--- is not to be granted until there is convincing evidence that the proposed medical school will meet all LCME requirements for accreditation by the date proposed for the admission of a stated number of medical students.

--- the recommendations of the survey team should include limitations on the size of the charter class and designation of a tentative enrollment growth plan for the first several years. Only in very unusual circumstances should approval be recommended for enrollment of students to advanced standing.

Thus, the LCME may, in the future, issue an LRA to a developing medical school but might not see fit to give that school the recognition of Provisional Accreditation should the plan for development of the new medical school reviewed for the Stage I, LRA approval fail to achieve full implementation.

Please note that Provisional Accreditation would usually be assigned by the LCME to a qualified, newly developing medical school at least nine to fifteen months prior to enrollment of the charter class.

Discussion

The only reservation with respect to a change in the criteria for election to Provisional Institutional Membership was that schools which are in the process of developing would be excluded from any kind of organizational connection with the AAMC until they have been granted provisional

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accreditation. This would mean that they would not be in touch with current developments in the Association and the other medical schools. Dr. Bennett believed this to be a soluble problem. He pointed to the recommendation in the COTH Ad Hoc Membership Committee Report proposing the establishment of a new AAMC membership category - "Corresponding Members".

Action:

The Board recommended that the Executive Council modify its prerequisites for Provisional Institutional Membership so as to substitute Provisional Accreditation by the LCME for (a Letter of) Reasonable Assurance of Accreditation.

C. COTH Ad Hoc Membership Committee Report

Background

The COTH Ad Hoc Membership Committee reported its recommendations to the Executive Council in September 1974. The report was referred back to the COTH Administrative Board with the request "that the Board consider the inclusion of family medicine programs in community hospitals as an exception to the requirement for a minimum number of residency programs".

A new committee was appointed to consider this issue. Members of the committee were:

David D. Thompson, M.D., Chairman
Ivan L. Bennett, Jr., M.D.
A. Jay Bollet, M.D.
Daniel W. Capps
David A. Gee
Malcolm Randall

This committee's recommendations follow:

COTH Ad Hoc Committee
Membership Report

RECOMMENDATIONS

1. That the membership criteria established in November 1972 as amended later in this report continue to be applied uniformly to all new applicants for membership.
2. That the following considerations should be evaluated in determining the significance of a hospital's participation in medical education and the significance of its sponsorship or participation in approved, active residencies:
 - a. Availability and activity of undergraduate clerkships.
 - b. Presence of full-time chiefs of service or director of medical education.
 - c. Number of internship and residency positions in relation to size, the proportion (in full-time equivalents) which are filled, and the proportion which are filled by foreign medical graduates.
 - d. The significance of the hospital's educational programs to the affiliated medical school and the degree of the medical school's involvement in them.
 - e. The significance of the hospital's financial support for medical education.
3. That the COTH Administrative Board continue to be authorized to make exceptions to the membership criteria in the cases of specialty teaching hospitals (children's, rehabilitation, etc.) which fulfill the criteria except for their number of residency programs.
4. That the membership criteria adopted in November 1972, as amended by this report, together with the considerations listed in recommendation number 2 above, be communicated to all present member hospitals and that they be advised that their eligibility for continued membership after November 1977 will be determined on the basis of these criteria and considerations.
5. That family medicine will be added to the residency programs itemized in the existing criteria, of which an institution must participate in two to qualify for membership.

6. That a new category of AAMC membership entitled Corresponding Membership be established. This type of membership would be made available to non-profit and/or governmental hospitals which do not meet the COIH membership criteria and to other non-profit organizations with medical education objectives such as newly developing consortiums, federations and other corporate forms which are not chartered as hospitals.

In order to qualify for Corresponding Membership, a hospital, or other organization developed to achieve medical education objectives must have a documented affiliation arrangement with a school of medicine for the purpose of significantly participating in medical education. Applications for Corresponding Membership must be accompanied by a letter of support from the dean of the affiliated medical school outlining the role of the applicant in the school's educational programs. Teaching hospitals which are eligible for full participating membership in the Council of Teaching Hospitals are not eligible for Corresponding Membership.

The establishment of this new membership category should in no way alter current AAMC governance and organization. Benefits of such membership would be notification and eligibility to attend all open AAMC meetings as well as to receive the following publications and AAMC communications:

- . President's Weekly Activity Report
- . President's Memoranda
- . COD, CAS and COIH Memoranda
- . AAMC Bulletin
- . COIH REPORT
- . Journal of Medical Education
- . Other periodic publications such as the Advisor and STAR

The cost of such Corresponding Membership should be set at \$250, a level high enough to ensure that full cost of AAMC expenditures to provide services is received, but low enough so that no staff support or participation in AAMC is expected by those who qualify for this special membership.

At present there are about 400 COTH members, a figure which has remained fairly constant for the last four years. This is in contrast with the 1,683 hospitals in the United States which have graduate medical education programs. The criteria currently governing membership in COTH are:

1. the hospital has a documented institutional affiliation arrangement with a school of medicine for the purpose of significantly participating in medical education; and
2. the hospital sponsors or significantly participates in approved, active residencies in at least four recognized specialties including two of the following: medicine, surgery, obstetrics-gynecology, pediatrics and psychiatry.

(The COTH Administrative Board is authorized to make exceptions to these criteria for specialty teaching hospitals which fulfill the criteria except for the number of residency programs.)

Staff Recommendation

The recommendation of the committee that a class of Corresponding Members be established would require Assembly action to change the Association Bylaws, Assembly action to establish dues, and Assembly action to elect each prospective member.

It is the staff recommendation that these administrative difficulties be avoided by considering these institutions to be "subscribers" rather than "members". Each Council Administrative Board would be allowed to nominate subscribers for approval by the Executive Council, consistent with criteria approved by the Executive Council. Thus, there would be COD subscribers, CAS subscribers, or COTH subscribers. Subscribers would receive all of those services recommended in the committee report and others considered appropriate by the staff. In addition to the qualitative criteria to be developed by the Councils, one absolute requirement for becoming a subscriber would be ineligibility for any class of membership in the Association.

The staff further recommended that the subscription fee be set at \$500 per year (rather than the \$250 figure recommended by the committee). It is felt that this level is a more accurate reflection of the level of services which will be received by the subscribing institutions.

Discussion

The concern of the Executive Council in returning the September report to the COTH Board was stimulated by the deans who were entering into new affiliations with community hospitals for the purpose of providing primary care experiences for their students. These hospitals characteristically had not had a large commitment to medical education in the past and residency programs were frequently new and limited to family practice. The deans looked to COTH membership as one means by which the new affiliates' commitment to medical education could be recognized nationally, be given support in the way of information from the AAMC and be provided the opportunity to participate in its meetings. The deans viewed COTH membership as one of the important things that the medical school could contribute to the hospital in the new relationship.

Dr. Bennett referencing his participation on the committee indicated that if the criteria for COTH membership was tightly restricted, several important hospitals or consortia of hospitals would be excluded. To deal with this problem for the deans in a way which would preserve the character of the COTH and its capacity to serve the special needs of hospitals heavily committed to teaching, the committee developed the recommendation that a category of Corresponding Members in COTH be established. For a certain fee (less than full membership dues) hospitals or groups which could not meet the criteria for regular membership, but which had some commitment to medical education could receive Association literature and services, and attend meetings without vote. This recommendation is further detailed as recommendation number 6 on page 7.

The COD and CAS also had experience with inappropriate institutions and organizations requesting membership in the Council or Association. This recommendation, appropriately modified, would appear to handle that problem as well. It would provide a device for the developing schools to have access to the Association's activities prior to receiving provisional accreditation. The AAMC Bylaws could be amended to provide that a class of corresponding members be established designed to permit each Council to establish criteria for nomination by that Council and election by the Assembly.

The staff recommendation did not satisfy the members of the committee who met to consider the proposal. Subscriber status did not offer sufficient recognition to be of value to the deans as an inducement to the hospital. The committee felt the administrative problems referred to Assembly action on the matter, etc., were not sufficiently troublesome to warrant a change in the proposal.

Action:

The Board recommended that the following statement be forwarded by the Executive Council to the LCGME for consideration by the LCGME at its next meeting in July:

The Executive Council of the Association of American Medical Colleges believes that the pathways into graduate medical education in the United States should be defined by the LCGME and forwarded to the CCME for approval and forwarding to the parent organizations for ratification.

E. Amendment of AAMC Bylaws

The OSR and COD Administrative Boards have requested that the Association Bylaws be amended to include a provision stipulating that schools having a student serving on the OSR Board may designate a second OSR representative. This would allow the continued participation of Administrative Board members who, because of mid-year elections or graduation, no longer serve as the primary representative of their school to the OSR.

This amendment is necessary, according to advice received from the AAMC's legal counsel, because no member of the OSR Administrative Board can serve in a voting capacity unless that individual is the official representative of his/her institution to the OSR throughout his/her term on the Board. The attorneys advise us that the Association Bylaws currently prohibit more than one representative of the institution to the OSR. They also advise us that it is inherent in the Bylaws that members of the Administrative Board must be chosen from the members of the Organization.

A number of corresponding modifications of the OSR Rules and Regulations have been drafted and will be considered by the OSR and COD Administrative Boards. The adoption of these Rules and Regulations changes as well as the Bylaws change listed below will resolve what has been a thorny technical problem.

It is also proposed that the Association bear the Annual Meeting expenses of Administrative Board members who are the second representative of their school and who cannot obtain funding from that institution. This expense is reflected in the proposed FY 1976 general funds budget.

Staff recommends that the Executive Council approve the proposed Bylaws change (indicated by the italicized language below) and recommend its approval to the Assembly in November.

III. ORGANIZATION OF STUDENT REPRESENTATIVES

There shall be an Organization of Student Representatives related to the Council of Deans, operated in a manner consistent with rules and regulations approved by the Council of Deans and comprised of one representative of each institutional member this is a member of the Council of Deans chosen from the student body of each such member. *Institutional members whose representatives serve on the Organization of Student Representatives Administrative Board may designate two representatives to the Organization of Student Representatives, provided that only one representative of any institutional member may vote in any meeting.* The Organization of Student Representatives shall meet at least once each year at the time and place of the annual meeting of the Council of Deans in conjunction with said meeting to elect a Chairman and other officers, to recommend student members of committees of the Association, to recommend to the Council of Deans the Organization's representatives to the Assembly, and to consider other matters of particular interest to students of institutional members. All actions taken and recommendations made by the Organization of Student Representatives shall be reported to the Chairman of the Council of Deans.

Action:

The Board recommended that the Executive Council approve the proposed amendment to the AAMC Bylaws regarding OSR representation (as stated on p. 47-48 of the Executive Council Agenda) and recommend its approval to the Assembly in November.

In addition to the Bylaws change to be recommended to the Executive Council, the Board reviewed and accepted a modification of the OSR Rules and Regulations specifying that:

- a. candidates for election to the Administrative Board must be OSR representatives at the time of election or must have already been designated to become OSR representatives at the conclusion of the meeting;
- b. each officer must be an official representative to the OSR throughout his/her entire term of office;

- c. although a school may have two representatives, only one representative of any institution may vote in any meeting or sit on the Administrative Board, and
- d. other changes in language necessary to accomplish these objectives.

F. Development of an AAMC Policy on the NBME Gap Report

In the spring of 1973 an Executive Council Task Force, chaired by Dr. Neal Gault, was appointed to recommend an AAMC position on the Goals and Priorities Report of the National Board of Medical Examiners. The report of this Task Force has been reviewed by various groups within the AAMC over the last six months. The Council of Deans, the Council of Academic Societies, the Organization of Student Representatives and the Group on Medical Education have all discussed the Task Force report and have made specific comments on the Task Force recommendations.

The Board reviewed the Task Force report and the summary of reactions by COD, CAS, GME and OSR. The Board agreed to strongly support the positions reached at the COD Spring Meeting in the Executive Council deliberations.

There was some discussion in regard to the COD reaction to #4. Mark Cannon, OSR Chairperson noted that the COD reaction uses the word "results" when discussing examination reporting to the schools. He felt, as did at least one Board member, that this was an ambiguity which could be construed as meaning either "pass/fail" reporting or "score" reporting. It was reported that the word "result" was specifically chosen so as to permit each school to determine for itself the student information appropriate to its needs.

Action:

The Board recommended that the Executive Council address the GAP Committee's recommendations one by one, attempting to resolve the differences in the recommendations of the various groups. Thus, an Executive Council position on each of these recommendations should be developed. The staff would then integrate the Executive Council's recommendations into a coherent report for the approval of the Executive Council in September and ultimate consideration by the Assembly in November.

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The Board resolved to support in the Executive Council deliberations the positions taken by the COD at its Spring Meeting.

G. Report of the National Health Insurance Committee

At its April meeting, the Executive Council requested that the Chairman appoint a small review committee to recommend appropriate action on several national health insurance policy statements which had been forwarded for consideration by the Coordinating Council on Medical Education. It was also requested that this review committee examine the existing AAMC policy on national health insurance to determine if the CCME recommendations would stimulate any revision of that policy.

The review committee which met on Wednesday afternoon, June 18, was chaired by Charles Womer.

Dr. J. Robert Buchanan, a member of the NHI Review Committee reported its conclusions. The Board was presented with three documents which it had not had the opportunity to review prior to the meeting. The documents proved to be confusing to the Board; its deliberations were thus somewhat unfocused. In general, the Board members were uncomfortable with the tone of the statements presented perceiving them to be overly self-serving and inappropriately redundant in places.

Action:

While the Administrative Board of the COD agrees in principle with the thrust of the committee's recommendations with regard to National Health Insurance, it has difficulty accepting the manner in which these were presented. The Board recommends that the report be rewritten with consideration given to an appendix containing a definition of costs rather than a repetition of allowable costs throughout the Preamble. The Board also recommended that the Preamble refer to the principles contained within it as ones already generally accepted not as newly developed ideas. The Board requested an opportunity to review the reconstructed recommendations before they are made public.

The Board also recommended that consideration be given to the establishment of an AAMC group to study the possible alternatives to future funding of graduate medical education.

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V. Administrative Board Action Items

A. Nomination of Distinguished Service Members

After considering the best approach to this matter this year, the Board took the following

Action:

The Chairman is authorized to appoint a committee which would solicit from the COD membership suggested nominations for Distinguished Service Members. Such a solicitation should require that the responses include a description of the "active and meritorious participation of the candidate in the affairs of the AAMC while a member of the Council of Deans". The committee would review the submissions and recommend such nominations as appeared appropriate to the Council of Deans, the Executive Council and the Assembly.

The Chairman appointed the following Committee:

J. Robert Buchanan, M.D., Chairman
Christopher C. Fordham III, M.D.
Robert L. Van Citters, M.D.

VI. Discussion Items

A. Spring Meeting Program - Review and Preview

Traditionally, a portion of the first Administrative Board meeting following the Spring COD meeting is devoted to a review and critique of the meeting just held, and some thought is given to planning the following year's program. A program committee is appointed which is charged to work with staff in developing the details of the program and to report back periodically to the Board.

At this year's meeting there seemed to be a substantial consensus that next year's program focus on governance issues.

The Board's critique of the 1975 Spring Meeting at Key Biscayne, Florida was generally very favorable. The major criticism related to the crowded schedule of meetings. It proved to be a considerable disappointment to some to have gone to the meeting in anticipation of having time for relaxation and recreation with colleagues only to discover that a number of new meetings had been added to the program. By way of explanation, it was pointed out that the meeting with the President's Biomedical Research Panel took place at the Panel's invitation which came after the Council's

program had been completely planned and put in place. The opportunity seemed too good to pass up, even recognizing the crowded schedule it would force. The Board agreed that a relaxed atmosphere and time for recreation would continue to be design concepts for future spring meetings.

The Board reviewed suggested sites for the 1976 Council meeting: the Belleview Biltmore Hotel, Clearwater, Florida; the Grand Hotel, Point Clear, Alabama; La Coquille, Palm Beach, Florida. The La Coquille appeared to prohibitively expensive; the Grand Hotel less desirable because the Southern Deans planned to meet there in the fall. Vail, Colorado was discussed and dismissed because of the uncertainty of the weather in late April and its relative inaccessibility. The staff was asked to investigate the Arizona Biltmore.

Dr. Gronvall, as COD Chairman-Elect, was given the responsibility to act as program committee chairman. In this capacity the decision as to the meeting location and program planning was delegated to him.

Tentatively, the dates of Sunday, April 25, 1976 through Wednesday, April 28, 1976 were designated as the preferred dates for next year's meeting.

The Board considered briefly possible topics for the meeting. These included: (1) Governance of the Medical School/Medical Center; (2) Regionalization of Medical Care and Medical Education; (3) National Health Insurance; (4) The National Health Planning and Resources Development Act of 1974; (5) Current trends in teaching the basic medical sciences; (6) Graduate Medical Education - Corporate Responsibility.

The consensus was fairly strong that governance was the most attractive issue to address.

It was suggested that the Canadian Deans be invited to the meeting and the Board approved.

B. Joint Meeting of AAMC and AADS COD Administrative Boards

The AAMC COD Administrative Board was approached by Dr. Harry W. Bruce, Jr., Executive Director of the American Association of Dental Schools to schedule a meeting with the AADS COD Administrative Board at the first opportunity, which was to have been June 18. The AADS Board, however, was unable to attend that meeting. Dr. Bruce indicated by letter, the availability of the AADS Board to meet on the

evening of September 17, the evening preceding the next Board meeting. The AAMC Board approved that evening for the dinner. It was suggested that agenda items be solicited from the AADS.

C. Annual Meeting

A preliminary agenda for the COD was presented to the Board.

COUNCIL OF DEANS ACTIVITIES AT
THE ANNUAL MEETING

	SUN-11/2	MON -11/3	TUES -11/4	WED -11/5	THURS-11/6
AM	Misc. Societies Other Misc.	Council Meetings Group Mtgs Other Misc.	PLENARY SESSION	PLENARY SESSION	Misc. Meetings Group Mtgs
PM	Misc. Societies Other Misc.	Council Meetings Group Mtgs Other Misc.	ASSEMBLY	COUNCIL PROGRAMS Other Misc.	Misc. Meetings Group Mtgs

The following activities have been scheduled for the Council of Deans:

Monday: 7:30 a.m. - "New Dean's Breakfast" (New Deans & Executive Council)

9:30 a.m. - 11:30 a.m. - Joint COD-COTH Program:
Tentative Title "Consortia Development"

12:00 p.m. - 1:30 p.m. - Administrative Board Luncheon
Agenda Preview of Council Meeting

2:00 p.m. - 5:00 p.m. - Council of Deans Business Meeting

- Tuesday: 7:30 a.m. - Deans of New and Developing Schools
Breakfast
- 9:00 a.m. - 12:00 p.m. - Plenary Session
- 1:00 p.m. - 4:00 p.m. - Assembly
- Wednesday: 7:30 a.m. - Deans of the Midwest-Great Plains
Breakfast
- 9:00 a.m. - Plenary Session
- 2:00 p.m. - 5:00 p.m. - Joint Program of the COD-CAS-
COTH--"Maximum Disclosure: Individual
Rights & Institutional Needs"

The discussion focused on the Joint Program of the COD, CAS, and COTH entitled "Maximum Disclosure: Individual Rights & Institutional Needs". The program is designed to inform the deans, faculty members and teaching hospital administrators of the nature and extent to which their current methods of doing business with respect to the matter of confidentiality and disclosure are being challenged by public interest advocates and the current status of the law in this respect. The Board perceived that there are articulate advocates of full disclosure with respect to nearly all aspects of institutional decision-making. This is particularly apparent with respect to governmental decision-making and is supported to a very large degree by the Freedom of Information Act. While the Association believes in appropriate access to governmental processes, and by extension, to the processes of other institutions in our society, it is concerned that current trends, if continued, portend certain dangers to the ability of its institutions to function effectively. It is believed that great care should be taken to preserve proprietary rights, personal privacy, and candor in evaluation and decision-making if individual freedoms are to be preserved and institutions are to retain their capability to perform effectively their functions in our society.

The purpose in holding this meeting then, is to stimulate a thoughtful consideration of these issues by the constituents, who are perhaps not cognizant of the nature and severity of the implications of this movement towards full disclosure. The concept for this meeting is that there be two presentations, one which essentially stresses the need for confidentiality under certain circumstances and the costs associated with full disclosure, with particular emphasis on the imperatives of decision-making in the academic institution. The second address would be presented by a public interest advocate and would address the matter of deep-seated skepticism as to the adequacy of public accountability without full disclosure. While it is not in mind to have a straightforward debate of the subject, the intention is that somewhat polar positions be addressed so that the issues would be in sharp focus for the constituents.

D. Liability Insurance for Medical Students

The question of liability insurance for medical students is one of growing concern among medical school deans, student affairs deans and medical students. Of particular concern is liability coverage for the student when outside the home school. In the spring of 1973 the Group on Student Affairs drafted a series of recommendations pertaining to sending and/or receiving students from other medical schools. These recommendations on extramural academic experiences, which were modified and approved by the Council of Deans in June 1973, stated that schools should agree beforehand whether the liability coverage for the student would be the responsibility of the home or the visiting institution.

During the fall of 1974 and the spring of 1975, the AAMC Division of Student Programs has received a large number of requests for information about the liability insurance coverage most medical schools have for their students and about the policy of the AAMC on liability insurance for medical students. At the Western and Northeast region meetings of the Group on Student Affairs in the spring of 1975 a request was made during the business sessions that the AAMC provide guidelines for all schools about the recommended scope of such coverage.

The only data which presently exists has been provided through a survey of Dr. David C. Mock, Associate Dean for Medical Affairs at the University of Oklahoma College of Medicine. In answer to a simple yes or no question about whether they had liability insurance coverage for their

students, 40 percent of the 90 schools which responded indicated that they did have such coverage.

Staff explained that this subject is one on which the AAMC does not have substantive information. The concern was expressed that perhaps it is not an appropriate role of the AAMC to gather such information. On the other hand, several institutions have made inquiries to the AAMC and might find it helpful to know how other institutions are handling the situation. It was pointed out that most inquiries are from institutions which have students in clinical settings beyond their immediate sphere of influence. In some cases such students are not permitted appropriate patient contact because they are not adequately covered by insurance.

The question was raised by a Board member of what coverage is available and what is the cost. It was explained that the AAMC does not have that information. Dr. Bennett stated the policies and coverage vary by state and institutional setting. He suggested that the only advice given by the AAMC should be that the school should be certain that its students are covered in all educational settings. The Board recommended that this be the staff response.

The Board also asked that a survey of the deans be undertaken to gather information on the policies and mechanisms for liability coverage of medical students in each individual medical school.

E. NIRMP

The agenda included a report of a GSA-NIRMP Survey. Discussion centered on the fact that 24 violations were reported to monitoring committees of the responding schools. Although this is a relatively clean record, it was felt that some punitive action ought to be available to make the violation a less attractive option; none appears to be. No new ideas or definite conclusions were arrived at by the Board at this time.

VII. Information Item

A. University of Alabama Faculty Salary Survey

A letter was sent to 8 institutions by the University of Alabama Vice President for Health Affairs characterized as an effort to "provide more useful and valid survey data than

any previous survey" in order to overcome the deficiencies of the AAMC survey which is "generally acknowledged" as "not particularly valid". This was brought to the attention of the AAMC by one of the institutions involved. This survey used basically the same format as the AAMC Faculty Salary Survey. Board members commented that while this appeared to be redundant with the AAMC's efforts, this Association had no exclusive franchise on asking questions of medical school officials.

VIII. Adjournment

The Board Meeting was adjourned at 12:45 p.m.

NOMINATIONS OF DISTINGUISHED
SERVICE MEMBERS

At its June 19 meeting, the Board authorized the Chairman to appoint a committee to suggest nominations for election to Distinguished Service Membership in the AAMC. The following committee was appointed:

J. Robert Buchanan, M.D., Chairman
Robert L. Van Citters, M.D.
Christopher C. Fordham III, M.D.

On August 4, the members of the Council were solicited for suggestions for consideration by the committee. The results of that solicitation were forwarded to the committee on September 4. The committee is scheduled to meet by telephone conference call on September 12, 1975. The committee will report the results of its deliberations for action by the Board on September 18, 1975.

COD GUIDELINES FOR OSR

At its January 15, 1975 meeting the Board rejected a proposed amendment to the OSR Rules and Regulations which would specify that "only students may vote in the selection [of OSR Representatives at the institutional level]". This amendment was rejected in part because it appeared to conflict with the COD Guidelines for the OSR which provided that the process of selection should "facilitate representative student input and be appropriate to the governance of the institution".

It was the opinion of the Board that the COD should not mandate a change in existing institutional provisions for the selection of OSR representatives. One member suggested that the effect of this modification might be that the OSR would lose representation from the schools who do not select representatives solely on the basis of student vote.

The Board voted to maintain the wording as stated in the Guidelines and disapproved the OSR revision. It did, however, suggest that the section in the Guidelines referencing OSR selection might be revised to indicate a COD preference for student selection of OSR representatives, which would stop short of making it a requirement for OSR representation.

On reflection, it appeared to staff that it might be wise to retain the character of the Guidelines as an historical document for setting forth the ground rules for the establishment of the OSR, modifications to these expectations might best be reflected by other means. One such means is, of course, the approval of Rules and Regulations amendments.

A device which might best accomplish the Board's purpose may be the formulation of a resolution interpreting the intent of the guidelines which the Board would recommend for adoption by the Council of Deans at its annual meeting.

Recommendation: That the Board recommend that the COD adopt a resolution such as that formulated below.

"The Council of Deans reaffirms its intention that students play a major role in the selection of institutional representatives to the Organization of Student Representatives. The Guidelines for the Organization of Student Representatives adopted by the Council of Deans on May 20, 1971 expresses this intention in the following manner:

'A medical student representative from each participating Institutional Member and Provisional Member of the COD shall be selected by a process which will facilitate representative student input and be appropriate to the governance of the institution.'

While the Council is unwilling to mandate a particular method of student selection, it reaffirms the view that the appointment of the representative by the dean acting alone or by a committee in which the students do not have a major voice, or by any other means which preclude substantial student participation is inappropriate to the objectives of the AAMC in establishing the OSR. It is intended to be a vehicle for representative student input into the deliberations and decisions of the AAMC.

SURVEY OF MEDICAL STUDENT LIABILITY
INSURANCE COVERAGE

At its last meeting, the Board recommended that the AAMC survey the Council of Deans to develop data regarding the extent to which institutions retain liability coverage for their students. The attached draft questionnaire has been developed by the Division of Student Affairs with the Division of Institutional Studies and has been reviewed by the Group on Student Affairs Steering Committee.

Recommendation: That the Board review the questionnaire to determine whether it meets the Board's expectation

M E M O R A N D U M

TO: Deans of U.S. Medical Schools
FROM: Joseph A. Keyes
SUBJECT: Student Liability Insurance

The AAMC Group on Student Affairs (GSA) has expressed concern at several of their meetings about liability insurance for medical students in clinical clerkships or other institutional or hospital settings where they are dealing directly with patients. Some institutions carry full liability coverage for their own students at their own institutions as well as at other institutions and for students enrolled at other medical schools who are visiting their institution for an elective clerkship. Other institutions may carry liability insurance for only their own students in clinical clerkships or electives offered at their own institutions or affiliated hospitals, and the disparity among various institutional policies regarding student liability coverage creates administrative problems--particularly when students visit other institutions for required clerkships or electives.

The AAMC Council of Deans (COD) Administrative Board discussed this question at their June meeting and made the recommendation that all medical schools carry liability insurance for their students. In addition, the COD Administrative Board requested that AAMC collect data regarding institutional policies and practices related to student liability insurance. Consequently, we are enclosing a questionnaire to be completed by your office and returned to AAMC by _____.

Thank you for your assistance.

AAMC SURVEY ON
STUDENT LIABILITY INSURANCE

Respondent _____

School _____

1. Does your institution carry liability insurance for:
- (a) Your own students in required clerkships and/or electives which are conducted at your institution or affiliated hospital? Yes _____ No _____
 - (b) Your own students in required clerkships and/or electives which are conducted at other institutions or hospitals? Yes _____ No _____
 - (c) Your own students in settings which are not under theegis of your institution (e.g., moonlighting)? Yes _____ No _____
 - (d) Students from other institutions who are visiting your medical school for clerkships or electives? Yes _____ No _____

2. Does your institution charge a fee for liability insurance coverage:
- (a) To your own students? Yes _____ (Amount _____) No _____
 - (b) To visiting students? Yes _____ (Amount _____) No _____

3. Do you require that a visiting clerk be covered by an insurance policy from his or her own institution before enrollment in a program offered by your institution? Yes _____ No _____

4. Are their stipulations to your coverage of any of your own students? Please describe. _____

Are their similar or additional stipulations to your coverage of visiting students? Please describe. _____

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5. Do you have a prescribed mechanism for dealing with lawsuits or potential lawsuits involving student liability? If so, please describe. _____

6. Have there been incident(s) at your institution in the past which involved student liability? If so, please describe the nature and outcome of such incident(s). _____

Please use the space below if you wish to provide additional information or comments about your institution's policies or practices regarding student liability insurance.

Please return this questionnaire by no later than _____ to:

Joseph A. Keyes, Director, AAMC Division of Institutional Studies, One Dupont Circle, N.W., Suite 200, Washington, D.C. 20036.

IMPLEMENTATION OF THE AAMC
DATA RELEASE POLICY

By the material enclosed with this agenda the staff is reporting to the COD Board the progress of the implementation of the AAMC Data Release Policy as it relates to the Institutional Profile System (IPS).

The bulk of the report relates the recommendations of the Association's Data Development Liaison Committee with respect to the classification of each data variable as "unrestricted", "restricted" or "confidential".

Recommendation: That the Board review this material and provide such comments and advice as it believes is warranted.

HEW SURVEY OF RESEARCH RISKS

For more than a year executives of the Department of Health, Education and Welfare have been concerned that no assessment of the type and number of bad outcomes of research in human subjects has been undertaken. There was further concern that no "mal-research" insurance is uniformly available. This concern led the Secretary to create a special Task Force in Spring, 1975, headed by Dr. Seymour Perry, Special Assistant To the Director, NIH. This Task Force has now initiated a telephone survey of 400 randomly selected clinical research project investigators. Intended to be voluntary and anonymous, the survey will seek to find the number and type of serious, moderate and minimal problems which have occurred in human research. The survey is being conducted now and the AAMC staff have serious concern as to the outcome of the study.

Report to the Council of Deans Administrative Board

Implementation of the AAMC Data Release Policy

The Association staff is now in the process of implementing the policy for the release of AAMC information, beginning with the data currently filed in the Institutional Profile System (IPS).

The plan of action that the staff proposes to follow is outlined in the attached APPENDIX I. At the present time, steps number 1) through number 5) have been carried out.

This report is submitted to the Council of Deans Administrative Board to request its approval and/or recommendations regarding the release categories recommended by the Data Development Liaison Committee. The index of variables, grouped by source and by recommended release category is attached as APPENDIX II. The operational procedures recommended by the staff for the release of IPS data in conformance with the policy of the Association, are outlined in the attached APPENDIX III.

Background

The Institutional Profile System of the AAMC is a computer-based information system that can provide data on a wide variety of subjects, such as sources of medical school revenues and expenditures, statistics on faculty manpower, student enrollment, attrition, ethnic and sex composition, medical school curricula, facilities and so on.

The data are provided to the AAMC by the medical schools through questionnaires such as:

- Liaison Committee part I (financial)
- Liaison Committee part II (institutional)
- Faculty salary survey
- Curriculum directory
- Fall enrollment
- Health Service delivery and primary care
- DHEW facilities survey
- Faculty roster

The Institutional Profile System includes data from the most current questionnaires and publications, and also data from preceding years, thus providing the capability for analysis and for time-series studies.

The information stored in IPS has so far been treated as privileged for use by the Association's staff only. Data from IPS have been released outside the Association in aggregate form, but with all possible safeguards to preclude the identification of any individual institution's data, except in those instances when the information is already public knowledge through publications and/or public records.

During the last two years, there has been substantial progress toward the development of an orderly approach to the release of AAMC data to the Association's constituents and to the general public. For instance, the Association has adopted a policy for the release of information derived from its databank. Copy of the Policy is attached as APPENDIX IV.

Recommendations of the Data Development Liaison Committee

The data Development Liaison Committee (DDLC) has reviewed the operational procedures proposed by the staff (App. III), and has accepted, in principle, the suggested procedures and the category definitions. The committee will later look into further refinements of the definitions of some of the release categories.

The DDLC has also reviewed the recommendations of the staff regarding the release category to be assigned to each of the IPS variables. The index of the current and latest IPS variables (appendix II), is grouped according to the source of the data, and subdivided under the release category - unrestricted, restricted and confidential - to which the staff had proposed that each variable be assigned. The changes that have been made as a result of the DDLC recommendations have been marked on the margin, and consist of:

1. All the variables pertaining to the Health Service Delivery and Primary Care questionnaire should be listed under the category, "unrestricted." Some of those variables had been listed in the "restricted" category.
2. All the variables pertaining to the Liaison Committee questionnaire, part I, should be listed under the category "unrestricted", except for variables 1120, 1121, and 1122 that have to do with medical college total revenues, and that are to be listed under the category "confidential".
3. A number of variables (1935 through 1954 and 2131 through 2148) from the Liaison Committee questionnaire, part II, pertaining to building data, and to admission, retention, and graduation of medical students by ethnic background, should be included in the category "unrestricted" rather than "restricted" as originally proposed by the staff.

The Committee, at the meeting of July 25, 1975 had a prolonged discussion regarding the classification of variables 1462 through 1497 that pertain to the ethnic and sex grouping of repeaters and withdrawn students. The committee initially voted 7 to 1 to move those variables from the

"restricted" to the "unrestricted" category. However, after further discussion, the matter was re-opened and the committee voted this time 4 to 4, to retain the variables in the "restricted" category, as proposed by the staff. Because of the ambivalence evidenced by the committee's tie vote, the data was retained in the "restricted" category, and the committee requested that the results of the vote and the details of the discussion be forwarded to the COD Administrative Board when the Board is asked to review the recommendations.


Identification of the release categories assigned
to each data variable

After all steps in the approval process have been completed, each IPS variable will be coded according to the release category to which it is assigned, to control and prevent unauthorized releases. The questionnaires will also be coded to indicate to the respondents how each item of information will be treated as far as its dissemination to others.

APPENDIX I

PLAN OF ACTION FOR IMPLEMENTING
IPS RELEASE POLICY

Proposed action program for the implementation of the AAMC data release policy for the IPS.

- 1) Assign tentative release categories to each variable, based on staff interpretation of policy.
- 2) Distribute the list to AAMC staff involved in the acquisition and use of the data. Request staff review and comments.
- 3) Discuss suggestions and comments received under 2) with DUS senior staff.
- 4) Discuss with the President's Executive staff the suggestions and comments received under 2).
- 5) Finalize the recommendations for assignment of release categories, and distribute the list to the DDLC for comments and advice, particularly on controversial items.
- 6)  Revise the recommended categories as appropriate, then submit the list to the Council of Deans Administrative Board for review, comments, and advice.
- 7) Distribute the list, as revised in 6), to the institutions. Explain to the schools that in those cases where unanimous approval of the recommended classification is not achieved, the AAMC staff will have to decide in each case whether to proceed with the recommended classification, excluding data for dissenting schools or to modify the recommended classifications. Request the institutions' comments.
- 8) Circulate the institutions' comments, to the AAMC appropriate staff, to resolve staff differences on interpretation and disposition.
- 9) Obtain legal opinion on the privacy and disclosure legal aspects of the release procedures.
- 10) Submit final recommendations to the AAMC President for approval, and/or submission to the Executive Council.
- 11) Implement the Executive decision.

APPENDIX II
INDEX OF
IPS VARIABLES

NOTE: The first column indicates if the data is currently published school by school, or in the aggregate, or not published (blank).

PUBLISHED NUMBER DESCRIPTION

A FROM 1971 STATISTICAL ABSTRACT OF THE UNITED STATES, 1971

BY SCHOOL 0366 LOCATION.OF MEDICAL-COLLEGE SMSA POPULATION
 BY SCHOOL 0367 LOCATION.OF MEDICAL-COLLEGE POPULATION IN IMMEDIATE LOCALE
 BY SCHOOL 0368 LOCATION.OF MEDICAL-COLLEGE POP-DENSITY OF IMMEDIATE LOCALE
 BY SCHOOL 0369 LOCATION.OF MEDICAL-COLLEGE % NON-WHITE OF SMSA POPULATION

DATA FROM 1973 HLTH SRVCS DELIVERY & PRIMARY CARE EDUCATION QUESTIONNAIRE

AGGREGATE 0370 AMBULATORY-CARE.EXPERIENCE REQUIRED CURRICULUM.MED-STUDENTS.
 AGGREGATE 0371 AMBULATORY-CARE.REQUIRED MED-STUDENTS.CURRICULUM.AMT OF TIME
 AGGREGATE 0372 % MED-STUDENTS.IN AMBULATORY-CARE.ELECTIVE CURRICULUM
 AGGREGATE 0373 % MED-STUDENTS.IN AMBULATORY-CARE.OTHR THAN HOSPITAL SETTING
 AGGREGATE 0374 ADMIN LOCUS AMBULATORY-CARE.TRAINING TO MED-STUDENTS.
 AGGREGATE 0375 PRIMARY-CARE.DEPTS ENCOURAGE GENERALISTS NOT SUBSPECIALISTS
 AGGREGATE 0376 IS ACAD HEALTH CENTER INVOLVED IN OPERATIONAL HMO.?
 AGGREGATE 0377 GOVERNANCE DESCRIPTION OF OPERATIONAL HMO.?
 AGGREGATE 0381 MEDICAL-STUDENTS.INVOLVED IN OPERATIONAL HMO.?
 AGGREGATE 0382 % MEDICAL-STUDENTS.INVOLVED IN OPERATIONAL HMO.PATIENT CARE
 AGGREGATE 0383 HOUSE-STAFF.INVOLVED IN OPERATIONAL HMO.PATIENT CARE
 AGGREGATE 0384 % PRIMARY-CARE.HOUSE-STAFF.INVOLVED IN AMBULATORY-CARE.
 AGGREGATE 0385 ARE FACULTY.INVOLVED IN HMO.PLANNING AND/OR OPERATION
 AGGREGATE 0386 PRINCIPAL ADMINISTRATIVE LOCUS OF OPERATIONAL HMO.
 AGGREGATE 0387 NOW TRAINING NEW-HEALTH-PRACTITIONERS. PHYSICIANS-ASSTS.
 AGGREGATE 0388 NOW TRAINING NEW-HEALTH-PRACTITIONERS. NURSE-PRACTITIONERS.
 AGGREGATE 0389 NOW TRAINING NEW-HEALTH-PRACTITIONERS. MEDEX.
 AGGREGATE 0390 NOW TRAINING NEW-HEALTH-PRACTITIONERS. NURSE-MIDWIFE.
 AGGREGATE 0391 PROJ ANNUAL GRADS,NEW-HEALTH-PRACTITIONERS.PHYSICIANS-ASSTS.
 AGGREGATE 0392 PROJ ANL GRADS,NEW-HEALTH-PRACTITIONERS.NURSE-PRACTITIONERS.
 AGGREGATE 0393 PROJ ANNUAL GRADS,NEW-HEALTH-PRACTITIONERS. MEDEX.
 AGGREGATE 0394 PROJ ANNUAL GRADS,NEW-HEALTH-PRACTITIONERS. NURSE-MIDWIFE.
 AGGREGATE 0395 ARE PLANNING TO BEGIN TRAINING NEW-HEALTH-PRACTITIONERS.
 AGGREGATE 0397 NEW-HEALTH-PRACTITIONERS. MED-STUDENTS.ATTEND COURSES TGTHR
 AGGREGATE 0398 NEW-HEALTH-PRACTITIONERS.& MED-STUDENTS.IN AMBULATORY-CARE.
 AGGREGATE 0399 NEW-HEALTH-PRACTITIONERS. MED-STUDENTS.TRAIN IN HOSP CARE
 AGGREGATE 0400 NEW-HEALTH-PRACTITIONERS.& HOUSE-STAFF.IN AMBULATORY-CARE.
 AGGREGATE 0401 NEW-HEALTH-PRACTITIONERS.WORK WITH HOUSE-STAFF.IN HOSP PRAC
 AGGREGATE 0402 HOUSE-STAFF.TRAINS NEW-HEALTH-PRACTITIONERS.(LECTURE,ETC)
 AGGREGATE 0403 HAVE GRADUATE-PROGRAM IN FAMILY-MEDICINE-TRAINING.AT SCHOOL
 AGGREGATE 0405 ADMINISTRATIVE LOCUS OF FAMILY-MEDICINE-TRAINING.PROGRAM
 AGGREGATE 0406 ARE MED-STUDENTS.ASSIGNED TO FAMILY-MEDICINE-TRAINING.UNIT
 AGGREGATE 0407 % MED-STUDENTS.ASSIGNED TO FAMILY-MEDICINE-TRAINING.UNIT
 AGGREGATE 0409 # FULL-TIME FACULTY.INSTRUCTORS.FAMILY-MEDICINE-TRAINING.
 AGGREGATE 0410 # FULL-TIME FACULTY.ASST-PROFS.FAMILY-MEDICINE-TRAINING.
 AGGREGATE 0411 # FULL-TIME FACULTY.ASSOC-PROFS.FAMILY-MEDICINE-TRAINING.
 AGGREGATE 0412 # FULL-TIME FACULTY.PROFESSORS.FAMILY-MEDICINE-TRAINING.
 AGGREGATE 0413 FAMILY-MEDICINE-TRAINING.NEW HLTH PRAC/MD'S SAME CLINCL SET
 AGGREGATE 0414 FAMILY-MEDICINE-TRAINING.NEW HLTH PRAC/MD'S SAME ADMIN LOCUS
 AGGREGATE 0415 FAMILY-MEDICINE-TRAINING.NEW HLTH PRAC/MD'S NO COMMON PROG
 AGGREGATE 0416 ADMIN LOCUS FOR EMERGENCY-CARE.IN A SINGLE ACAD DEPARTMENT
 AGGREGATE 0417 ADMIN LOCUS FOR EMERGENCY-CARE.IN WHAT SINGLE DEPARTMENT
 AGGREGATE 0418 EMERGENCY-CARE.FORMAL PART OF MED-STUDENTS.CURRICULUM.
 AGGREGATE 0419 HAVE A GRADUATE-PROGRAM IN EMERGENCY-CARE.

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PUBLISHED NUMBER DESCRIPTION

DATA FROM 1973 HLTH SRVCS DELIVERY & PRIMARY CARE EDUCATION QUESTIONNAIRE

AGGREGATE	0420	HAVE PATIENT CARE PROGRAMS IN ALCOHOLISM OR DRUG-ABUSE.
AGGREGATE	0421	MED-STUDENTS, INVOLVED IN ALCOHOLISM OR DRUG-ABUSE, PROGRAMS
AGGREGATE	0422	HOUSE-STAFF, INVOLVED IN ALCOHOLISM OR DRUG-ABUSE, PROGRAMS
AGGREGATE	0424	FORMAL EFFORT TO TEACH MED-STUDENTS, HEALTH-CARE-MANAGEMENT.
AGGREGATE	0425	TEACHING MED-STUDENTS, HLTH-CARE-MNGMT, OFFICE MANAGEMENT
AGGREGATE	0426	TEACHING MED-STUDENTS, HLTH-CARE-MNGMT, HOSP ORGANIZATION
AGGREGATE	0427	TEACHING MED-STUDENTS, HLTH-CARE-MNGMT, PUBLIC ACCESS HLTH CRE
AGGREGATE	0428	TEACHING MED-STUDENTS, HLTH-CARE-MNGMT, LEGISLATION
AGGREGATE	0429	TEACHING MED-STUDENTS, HLTH-CARE-MNGMT, ORGZTN MED/HLTH SYS
AGGREGATE	0430	TEACHING MED-STUDENTS, HLTH-CARE-MNGMT, FINANCING OF HLTH SYS
AGGREGATE	0431	TEACHING MED-STUDENTS, HLTH-CARE-MNGMT, AUDIT/UTILZTN REVIEW
AGGREGATE	0432	TEACHING MED-STUDENTS, HLTH-CARE-MNGMT, QUALITY OF MED CARE
AGGREGATE	0433	TEACHING MED-STUDENTS, HLTH-CARE-MNGMT, PRODCVTY OF HLTH SYS
AGGREGATE	0434	TEACHING MED-STUDENTS, HLTH-CARE-MNGMT, CONSUMER INVOLVEMENT
AGGREGATE	0435	TEACHING MED-STUDENTS, HLTH-CARE-MNGMT, CERTIFICATION&ACCRED
AGGREGATE	0436	TEACHING MED-STUDENTS, HLTH-CARE-MNGMT, CONTINUING MED EDUC
AGGREGATE	0437	TEACHING MED-STUDENTS, HLTH-CARE-MNGMT, MED RECORDS & USE
AGGREGATE	0438	HEALTH-MANPOWER, REVIEWS CAREER, CHOICE OF GRADS AT GRADUATION
AGGREGATE	0439	HEALTH-MANPOWER, REVIEWS CAREER, CHOICE OF GRADS AFTER 5 YEARS
AGGREGATE	0440	HEALTH-MANPOWER, REVIEWS CAREER, CHOICE OF GRADS AFTER 10 YEAR
AGGREGATE	0441	HEALTH-MANPOWER, ADMSNS COMM REVIEWS CAREER, INTENT OF APLCNTS

DATA FROM 1972-73 LIASON COMMITTEE QUESTIONNAIRE, PART I

BY SCHOOL	1085	MED-COLLEGE-REVENUES.- MED-STUDENTS, TUITION, & FEES.
BY SCHOOL	1086	MED-COLLEGE-REVENUES.-TOTAL ALL STUDENTS, TUITION, & FEES.
BY SCHOOL	1087	MC-REVENUES.- STATE GOVT PUBLIC SCHOOL APPROPRIATION
BY SCHOOL	1088	MC-REVENUES.- STATE GOVT STATE-RELATED SCHOOL APPROPRIATION
BY SCHOOL	1089	MC-REVENUES.- STATE GOVT PRIVATE SCHOOL SUBSIDY
BY SCHOOL	1090	MED-COLLEGE-REVENUES.- INTER OR INTRA STATE COMPACTS
BY SCHOOL	1091	MED-COLLEGE-REVENUES.- LOCAL GOVERNMENT (CITY&COUNTY) FUNDS
BY SCHOOL	1092	MED-COLLEGE-REVENUES.- TOTAL FEDERAL STATE LOCAL GOV FUNDS
AGGREGATE	1099	MED-COLLEGE-REVENUES.- FEDERAL GOVT SPONSORED RESEARCH.
AGGREGATE	1100	MED-COLLEGE-REVENUES.- STATE & LOCAL GOVT SPONSORED RESEARCH.
AGGREGATE	1101	MED-COLLEGE-REVENUES.- NON-GOVERNMENT SPONSORED RESEARCH.
AGGREGATE	1102	MED-COLLEGE-REVENUES.- TOTAL OF ALL SPONSORED RESEARCH.
AGGREGATE	1103	MED-COLLEGE-REVENUES.-SEPARATELY BUDGETED RESEARCH.
AGGREGATE	1104	MED-COLLEGE-REVENUES.- FEDERAL GOVT SPONSORED TRN-TCH.
AGGREGATE	1105	MED-COLLEGE-REVENUES.- STATE & LOCAL GOVT SPONSORD TRN-TCH.
AGGREGATE	1106	MED-COLLEGE-REVENUES.- NON-GOVERNMENT SPONSORED TRN-TCH.
AGGREGATE	1107	MED-COLLEGE-REVENUES.-TOTAL OF ALL SPONSORED TRN-TCH.
AGGREGATE	1108	MED-COLLEGE-REVENUES.- FEDERAL GOVT SPONSORED PROGRAMS.
AGGREGATE	1109	MED-COLLEGE-REVENUES.- STATE & LOCAL GOVT SPONSRD PROGRAMS.
AGGREGATE	1110	MED-COLLEGE-REVENUES.- NON-GOVT SPONSRD PROGRAMS.
AGGREGATE	1111	MED-COLLEGE-REVENUES.-TOTAL SPONSORED (MULTI&SERV) PROGRAMS.
AGGREGATE	1126	MED-COLLEGE-EXPENDITURES.-TOTAL SPONSORED RESEARCH.
AGGREGATE	1128	MC-EXPENDITURES.-TOTAL SPONSORED TRAINING-TEACHING.
AGGREGATE	1129	MC-EXPENDITURES.-TOTAL SPONSORED (MULTI&SERV) PROGRAMS.
	1147	MED-COLLEGE-EXPENDITURES, RESEARCH, SALARY./ FEDERAL GOVT
	1148	MED-COLLEGE-EXPENDITURES, RESEARCH, SALARY./ STATE LOCAL GOVT
	1149	MED-COLLEGE-EXPENDITURES, RESEARCH, SALARY./ NON-GOVERNMENT.

PUBLISHED NUMBER DESCRIPTION

FROM 1972-73 LIASON COMMITTEE QUESTIONNAIRE, PART I

	1150	MC-EXPENDITURES.TOTAL RESEARCH.SALARY./ALL SOURCES
	1151	MED-COLLEGE-EXPENDITURES,TRN-TCH.SALARY. / FEDERAL.GOV
	1152	MED-COLLEGE-EXPENDITURES,TRN-TCH.SALARY. / STATE.LOCAL.GOV
	1153	MED-COLLEGE-EXPENDITURES,TRN-TCH.SALARY. / NON-GOVERNMENT.
	1154	MED-COLLEGE-EXPENDITURES,TRN-TCH.SALARY. / TOTAL ALL SOURCE
	1155	MED-COLLEGE-EXPENDITURES,PROGRAMS.SALARY./ FEDERAL.GOV
	1156	MED-COLLEGE-EXPENDITURES,PROGRAMS.SALARY./ STATE.LOCAL.GOV
	1157	MED-COLLEGE-EXPENDITURES,PROGRAMS.SALARY./ NON-GOVERNMENT.
	1158	MED-COLLEGE-EXPENDITURES,PROGRAMS.SALARY./ TOTAL ALL SOURCE
AGGREGATE	1159	MED-COLLEGE-EXPENDITURES, RESEARCH,TRN-TCH,PROGRAMS,DIRECT.
AGGREGATE	1160	MED-COLLEGE-EXPENDITURES, RESEARCH,TRN-TCH,PROGRAMS.SALARY.
	1161	MED-COLLEGE-EXPENDITURES, DIRECT,EXPENSES FUNDS FEDERAL.GOV
	1162	MED-COLLEGE-EXPENDITURES, SALARY,EXPENSES FUNDS FEDERAL.GOV
	1163	MED-COLLEGE-EXPENDITURES, DIRECT,EXPENSES FUNDS STATE.LOCAL.
	1164	MED-COLLEGE-EXPENDITURES, SALARY,EXPENSES FUNDS STATE.LOCAL.
	1165	MED-COLLEGE-EXPENDITURES, DIRECT,EXPENSES FUNDS NON-GOV.
	1166	MED-COLLEGE-EXPENDITURES, SALARY,EXPENSES FUNDS NON-GOV.
AGGREGATE	1167	MED-COLLEGE-EXPENDITURES, DIRECT,EXPENSES FUNDS ALL SOURCES
	1168	MED-COLLEGE-EXPENDITURES, SALARY,EXPENSES FUNDS ALL SOURCES
	1169	MC-EXPENDITURES,RESEARCH, DIRECT,FEDERAL,FUNDS DHEW,NIH&NIMH
	1170	MC-EXPENDITURES,RESEARCH, SALARY,FEDERAL,FUNDS DHEW,NIH&NIMH
	1171	MC-EXPENDITURES,RESEARCH, DIRECT,FEDERAL,FUNDS OTHER DHEW.
	1172	MC-EXPENDITURES,RESEARCH, SALARY,FEDERAL,FUNDS OTHER DHEW.
	1173	MC-EXPENDITURES,RESEARCH, DIRECT,FEDERAL,FUNDS TOTAL DHEW.
	1174	MC-EXPENDITURES,RESEARCH, SALARY,FEDERAL,FUNDS TOTAL DHEW.
	1175	MC-EXPENDITURES,RESEARCH, DIRECT,EXPENSES FUNDS FEDERAL.-NSF
	1176	MC-EXPENDITURES,RESEARCH, SALARY,EXPENSES FUNDS FEDERAL.-NSF
	1177	MC-EXPENDITURES,RESEARCH, DIRECT,EXPENSES FUNDS FEDERAL.-DOD
	1178	MC-EXPENDITURES,RESEARCH, SALARY,EXPENSES FUNDS FEDERAL.-DOD
	1179	MC-EXPENDITURES,RESEARCH, DIRECT,EXPENSES FUNDS FEDERAL.-AEC
	1180	MC-EXPENDITURES,RESEARCH, SALARY,EXPENSES FUNDS FEDERAL.-AEC
	1181	MC-EXPENDITURES,RESEARCH, DIRECT,EXPENSES FUNDS FEDERAL.-OTHR
	1182	MC-EXPENDITURES,RESEARCH, SALARY,EXPENSES FUNDS FEDERAL.-OTHR
	1183	MC-EXPENDITURES,RESEARCH, DIRECT,EXPENSES FUNDS STATE.GOV
	1184	MC-EXPENDITURES,RESEARCH, SALARY,EXPENSES FUNDS STATE.GOV
	1185	MC-EXPENDITURES,RESEARCH, DIRECT,EXPENSES FUNDS LOCAL.GOV
	1186	MC-EXPENDITURES,RESEARCH, SALARY,EXPENSES FUNDS LOCAL.GOV
	1187	MC-EXPENDITURES,RESEARCH, DIRECT,EXPENSE FUNDS STATE.& LOCAL.
	1188	MC-EXPENDITURES,RESEARCH, SALARY,EXPENSE FUNDS STATE.& LOCAL.
	1189	MC-EXPENDITURES,RESEARCH, DIRECT, NON-GOV,FUNDS FOUNDATIONS
	1190	MC-EXPENDITURES,RESEARCH, SALARY, NON-GOV,FUNDS FOUNDATIONS
	1191	MC-EXPENDITURES,RESEARCH, DIRECT, NON-GOV,FUNDS VOL HLTH AGNY
	1192	MC-EXPENDITURES,RESEARCH, SALARY, NON-GOV,FUNDS VOL HLTH AGNY
	1193	MC-EXPENDITURES,RESEARCH, DIRECT, EXPSE FUNDS NON-GOV,BUS&IND
	1194	MC-EXPENDITURES,RESEARCH, SALARY, EXPSE FUNDS NON-GOV,BUS&IND
	1195	MC-EXPENDITURES,RESEARCH, DIRECT, EXPSE FUNDS NON-GOV,ALUMNI
	1196	MC-EXPENDITURES,RESEARCH, SALARY, EXPSE FUNDS NON-GOV,ALUMNI
	1197	MC-EXPENDITURES,RESEARCH, DIRECT, FUNDS NON-GOV,ENDOWMENT.
	1198	MC-EXPENDITURES,RESEARCH, SALARY, FUNDS NON-GOV,ENDOWMENT.
AGGREGATE	1199	MC-EXPENDITURES,RESEARCH, DIRECT, EXPSE FUNDS TOTAL NON-GOV.
	1200	MC-EXPENDITURES,RESEARCH, SALARY, EXPSE FUNDS TOTAL NON-GOV.

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DATA FROM 1972-73 LIASON COMMITTEE QUESTIONNAIRE, PART I

1201	MC-EXPENDITURES, TRN-TCH, DIRECT, FEDERAL, FUNDS	DHEW, CAPITATION
1202	MC-EXPENDITURES, TRN-TCH, SALARY, FEDERAL, FUNDS	DHEW, CAPITATION
1203	MC-EXPENDITURES, TRN-TCH, DIRECT, FEDERAL, FUNDS	DHEW, BASIC IMPR
1204	MC-EXPENDITURES, TRN-TCH, SALARY, FEDERAL, FUNDS	DHEW, BASIC IMPR
1205	MC-EXPENDITURES, TRN-TCH, DIRECT, FEDERAL, FUNDS	DHEW, SPECL IMPR
1206	MC-EXPENDITURES, TRN-TCH, SALARY, FEDERAL, FUNDS	DHEW, SPECL IMPR
1207	MC-EXPENDITURES, TRN-TCH, DIRECT, FEDERAL, FUNDS	DHEW, START-UP
1208	MC-EXPENDITURES, TRN-TCH, SALARY, FEDERAL, FUNDS	DHEW, START-UP
1209	MC-EXPENDITURES, TRN-TCH, DIRECT, FEDERAL, FUNDS	DHEW, FAMILY MED
1210	MC-EXPENDITURES, TRN-TCH, SALARY, FEDERAL, FUNDS	DHEW, FAMILY MED
1211	MC-EXPENDITURES, TRN-TCH, DIRECT, FEDERAL, FUNDS	DHEW, CONVERSION
1212	MC-EXPENDITURES, TRN-TCH, SALARY, FEDERAL, FUNDS	DHEW, CONVERSION
1213	MC-EXPENDITURES, TRN-TCH, DIRECT, FEDERAL, FUNDS	DHEW, TCHR TRAIN
1214	MC-EXPENDITURES, TRN-TCH, SALARY, FEDERAL, FUNDS	DHEW, TCHR TRAIN
1215	MC-EXPENDITURES, TRN-TCH, DIRECT, FEDERAL, FUNDS	DHEW, INITIATIVE
1216	MC-EXPENDITURES, TRN-TCH, SALARY, FEDERAL, FUNDS	DHEW, INITIATIVE
1217	MC-EXPENDITURES, TRN-TCH, DIRECT, FEDERAL, FUNDS	DHEW, FNCL DSTRS
1218	MC-EXPENDITURES, TRN-TCH, SALARY, FEDERAL, FUNDS	DHEW, FNCL DSTRS
1219	MC-EXPENDITURES, TRN-TCH, DIRECT, FEDERAL, FUNDS	DHEW, PHYSN AUGM
1220	MC-EXPENDITURES, SALARY, FEDERAL, FUNDS	DHEW, PHYSN AUGM
1221	MC-EXPENDITURES, TRN-TCH, DIRECT, FEDERAL, FUNDS	DHEW, TOTAL BHME
1222	MC-EXPENDITURES, TRN-TCH, SALARY, FEDERAL, FUNDS	DHEW, TOTAL BHME
1223	MC-EXPENDITURES, TRN-TCH, DIRECT, FEDERAL, FUNDS	DHEW, OTHER NIH
1224	MC-EXPENDITURES, TRN-TCH, SALARY, FEDERAL, FUNDS	DHEW, OTHER NIH
1225	MC-EXPENDITURES, TRN-TCH, DIRECT, FEDERAL, FUNDS	DHEW, TOTAL NIH
1226	MC-EXPENDITURES, TRN-TCH, SALARY, FEDERAL, FUNDS	DHEW, TOTAL NIH
1227	MC-EXPENDITURES, TRN-TCH, DIRECT, FEDERAL, FUNDS	DHEW, OTHER
1228	MC-EXPENDITURES, TRN-TCH, SALARY, FEDERAL, FUNDS	DHEW, OTHER
1229	MC-EXPENDITURES, TRN-TCH, DIRECT, FEDERAL, FUNDS	DHEW, TOTAL ALL
1230	MC-EXPENDITURES, TRN-TCH, SALARY, FEDERAL, FUNDS	DHEW, TOTAL ALL
1231	MC-EXPENDITURES, TRN-TCH, DIRECT, FEDERAL, FUNDS	NOT DHEW,
1232	MC-EXPENDITURES, TRN-TCH, SALARY, FEDERAL, FUNDS	NOT DHEW,
1233	MC-EXPENDITURES, TRN-TCH, DIRECT, EXP FUNDS	STATE, GOVERNMENT
1234	MC-EXPENDITURES, TRN-TCH, SALARY, EXP FUNDS	STATE, GOVERNMENT
1235	MC-EXPENDITURES, TRN-TCH, DIRECT, EXP FUNDS	LOCAL, GOVERNMENT
1236	MC-EXPENDITURES, TRN-TCH, SALARY, EXP FUNDS	LOCAL, GOVERNMENT
1237	MC-EXPENDITURES, TRN-TCH, DIRECT, EXP FUNDS	NON-GOVT, ALUMNI
1238	MC-EXPENDITURES, TRN-TCH, SALARY, EXP FUNDS	NON-GOVT, ALUMNI
1239	MC-EXPENDITURES, TRN-TCH, DIRECT, EXP FUNDS	NON-GOVT, ENDOWMENT,
1240	MC-EXPENDITURES, TRN-TCH, SALARY, EXP FUNDS	NON-GOVT, ENDOWMENT,
1241	MC-EXPENDITURES, TRN-TCH, DIRECT, EXP FUNDS	TOTAL NON-GOVT,
1242	MC-EXPENDITURES, TRN-TCH, SALARY, EXP FUNDS	TOTAL NON-GOVT,
1243	MC-EXPENDITURES, PROGRAMS, DIRECT, FEDERAL, FUNDS	MED SERV GRANT
1244	MC-EXPENDITURES, PROGRAMS, SALARY, FEDERAL, FUNDS	MED SERV GRANT
1245	MC-EXPENDITURES, PROGRAMS, DIRECT, FEDERAL, FUNDS	REG MED PROG
1246	MC-EXPENDITURES, PROGRAMS, SALARY, FEDERAL, FUNDS	REG MED PROG
1247	MC-EXPENDITURES, PROGRAMS, DIRECT, STATE, LOCAL, FUNDS	MED SER GT
1248	MC-EXPENDITURES, PROGRAMS, SALARY, STATE, LOCAL, FUNDS	MED SER GT
1249	MC-EXPENDITURES, PROGRAMS, DIRECT, NON-GOVT, FUNDS	MED SERV GRN
1250	MC-EXPENDITURES, PROGRAMS, SALARY, NON-GOVT, FUNDS	MED SERV GRNT
1253	MC-EXPENDITURES, TOTAL, ALL OPERATING, ACTUAL 1972-73	

AGGREGATE

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DATA FROM 1972-73 LIASON COMMITTEE QUESTIONNAIRE, PART I

3129 MC-REVENUES.- TOTAL.FEDERAL.SPONSORED ALL PROGRAMS

DATA FROM CURRENT INFO AS COMES TO ATTENTION(PUBLICATIONS,ETC.)

- BY SCHOOL 0001 USOE FICE CODE OF MEDICAL-COLLEGE
- BY SCHOOL 0003 NAME OF DEAN. OF MEDICAL-COLLEGE
- BY SCHOOL 3064 MED-COLLEGE FOUNDING-YEAR
- BY SCHOOL 3065 MED-COLLEGE ACCREDITATION STATUS
- BY SCHOOL 3066 MED-COLLEGE NUMBER OF CURRICULUM,YEARS

DATA FROM 1974-75 QUESTIONNAIRE FOR THE 1974-75 AAMC CURRICULUM DIRECTORY

- BY SCHOOL 1280 YEAR OF APPLICANTS,STUDENT-SELECTION.- HIGH SCHOOL SENIOR
- BY SCHOOL 1281 YEAR OF STUDENT-SELECTION, UNDERGRAD.FRESHMAN APPLICANTS.
- BY SCHOOL 1282 YEAR OF STUDENT-SELECTION,UNDERGRAD.SOPHOMORE APPLICANTS.
- BY SCHOOL 1283 YEAR OF STUDENT-SELECTION,UNDERGRAD.JUNIOR APPLICANTS.
- BY SCHOOL 1284 YEAR OF STUDENT-SELECTION,UNDERGRAD.SENIOR APPLICANTS.
- BY SCHOOL 1285 YEAR OF STUDENT-SELECTION, OTHER APPLICANTS. APPLICANTS.
- BY SCHOOL 1286 STUDENT-SELECTION.-DO ACCEPT TRANSFERRED,MED-STUDENTS.
- BY SCHOOL 1287 STUDENT-SEL.CRITERIA FOR TRNSFD,MED-STUDENTS.PR ACAD PERFM
- BY SCHOOL 1288 STUDENT-SEL.CRITERIA FOR TRNSFD,MED-STUDENTS.NAT-BOARDS.1
- BY SCHOOL 1289 STUDENT-SEL.CRITERIA FOR TRNSFD,MED-STUDENTS.-OTHER TYPE
- BY SCHOOL 1290 CURRICULUM.-TYPES OF MD-DEGREE, PROGRAMS
- 1291 IN CLASS OF '70, # MED-STUDENTS,IN 3-YEAR,CURRICULUM.
- 1292 IN CLASS OF '70, TOTAL # MED-STUDENTS.ALL CURRICULUM.
- 1293 IN CLASS OF '71, # MED-STUDENTS,IN 3-YEAR,CURRICULUM.
- 1294 IN CLASS OF '71, TOTAL # MED-STUDENTS.ALL CURRICULUM.
- 1295 IN CLASS OF '72, # MED-STUDENTS,IN 3-YEAR,CURRICULUM.
- 1296 IN CLASS OF '72, TOTAL # MED-STUDENTS.ALL CURRICULUM.
- 1297 IN CLASS OF '73, # MED-STUDENTS,IN 3-YEAR,CURRICULUM.
- 1298 IN CLASS OF '73, TOTAL # MED-STUDENTS.ALL CURRICULUM.
- 1299 IN CLASS OF '74, # MED-STUDENTS,IN 3-YEAR,CURRICULUM.
- 1300 IN CLASS OF '74, TOTAL # MED-STUDENTS.ALL CURRICULUM.
- 1301 IN CLASS OF '75, # MED-STUDENTS,IN 3-YEAR,CURRICULUM.
- 1302 IN CLASS OF '75, TOTAL # MED-STUDENTS.ALL CURRICULUM.
- 1303 IN CLASS OF '76, # MED-STUDENTS,IN 3-YEAR,CURRICULUM.
- 1304 IN CLASS OF '76, TOTAL # MED-STUDENTS.ALL CURRICULUM.
- 1305 IN CLASS OF '77, # MED-STUDENTS,IN 3-YEAR,CURRICULUM.
- 1306 IN CLASS OF '77, TOTAL # MED-STUDENTS.ALL CURRICULUM.
- 1307 CONSIDERING MD-DEGREE,CURRICULUM.-BEGIN 3-YEAR,PROGRAM?
- 1308 CONSIDERING MD-DEGREE,CURRICULUM.-ELIMINATE 3-YEAR,PROGRAM?
- 1309 CONSIDERING MD-DEGREE,CURRICULUM.-OPTION FOR 3-YEAR,OR 4YR
- BY SCHOOL 1310 HAVE ACCELERATED-PROGRAM,FROM UNDERGRD TO MD-DEGREE,IN < 6YR
- BY SCHOOL 1311 STUDENT-SELECTION.-ADMIT MED-STUDENTS.WITH ADV-STANDING.?
- BY SCHOOL 1312 CURRICULUM.-CAN COURSES.BE OMITTED WITH PERMISSION?
- BY SCHOOL 1313 CURRICULUM, COURSES,OMIT CRITERIA-AAMC BIOCHEM SPEC ACV TEST
- BY SCHOOL 1314 CURRICULUM, COURSES,OMIT CRITERIA-INSTITUTIONAL EXAM
- BY SCHOOL 1315 CURRICULUM, COURSES,OMIT CRITERIA-PREVIOUS ACADEMIC EXPERNCE
- BY SCHOOL 1316 CURRICULUM, COURSES,OMIT CRITERIA-SOME OTHER
- BY SCHOOL 1317 IS FACULTY,ADVISEMENT AVAILABLE TO MED-STUDENTS.?
- BY SCHOOL 1318 STUDENT-RETENTION,ACTIVITIES-SPECIAL ADVISORY PROGRAMS

UNRESTRICTED DATABASE VARIABLES

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DATA FROM 1974-75 QUESTIONNAIRE FOR THE 1974-75 AAMC CURRICULUM DIRECTORY

BY SCHOOL 1319 STUDENT-RETENTION,ACTIVITIES=STUDY SKILL COURSES
 BY SCHOOL 1320 STUDENT-RETENTION,ACTIVITIES=TUTORING BY FACULTY OR STUDENTS
 BY SCHOOL 1321 HAVE DEPT OFFERING COMBINED DOCTORATE,& MD-DEGREE,PROGRAMS
 BY SCHOOL 1322 HAVE DEPT OFFERING COMBINED BACHELORS,& MD-DEGREE,PROGRAMS
 BY SCHOOL 1324 HAVE DEPT OFFERING COMBINED JD DEGREE,& MD-DEGREE,PROGRAMS
 BY SCHOOL 1325 CURRICULUM,CAN ELECTIVE-COURSES,BE IN OTR COLL OF THE UNIV?
 BY SCHOOL 1326 CURRICULUM,CAN ELECTIVE-COURSES,BE IN OTR UNIV OR MED SCHLS?
 BY SCHOOL 1327 CURRICULUM,CAN ELECTIVE-COURSES,BE IN UNAFI COMM HOSPITAL?
 BY SCHOOL 1328 CURRICULUM,CAN ELECTIVE-COURSES,BE IN FEDERAL,OR STATE,AGNCY
 BY SCHOOL 1329 CURRICULUM,CAN ELECTIVE-COURSES,BE IN LOCAL,CITY/CNTY AGENCY
 BY SCHOOL 1330 CURRICULUM,CAN ELECTIVE-COURSES,BE IN DOCTORS PRIVATE OFFICE
 BY SCHOOL 1331 CURRICULUM,CAN ELECTIVE-COURSES,BE IN OTR NON-UNIV ENVIRON
 BY SCHOOL 1332 CURRICULUM,ELECTIVE-COURSES,REL TO MED-HUMAN SEXUALITY
 BY SCHOOL 1333 CURRICULUM,ELECTIVE-COURSES,REL TO MED-MEDICAL JURISPRUDENCE
 BY SCHOOL 1334 CURRICULUM,ELECTIVE-COURSES,REL TO MED-NUTRITION
 BY SCHOOL 1335 CURRICULUM,ELECTIVE-COURSES,REL TO MED-NON-WESTERN MEDICINE
 BY SCHOOL 1336 CURRICULUM,ELECTIVE-COURSES,REL TO MED-POPULATION DYNAMICS
 BY SCHOOL 1337 CURRICULUM,ELECTIVE-COURSES,REL TO DRUG-ABUSE,
 BY SCHOOL 1338 CURRICULUM,ELECTIVE-COURSES,REL TO MED-ALCOHOLISM,
 BY SCHOOL 1339 CURRICULUM,ELECTIVE-COURSES,REL TO MED-MEDICAL HYPNOSIS,
 BY SCHOOL 1340 CURRICULUM,ELECTIVE-COURSES,REL TO MED-ETHICAL PROBLEM/MED
 BY SCHOOL 1341 CURRICULUM,ELECTIVE-COURSES,REL TO MED- HLTH-CARE-MNGMT,
 BY SCHOOL 1342 CURRICULUM,INSTRC-INNOVATION,= SELF INSTRUCTION
 BY SCHOOL 1343 CURRICULUM,INSTRC-INNOVATION,= CLNCL APPL OF COMPUTERS
 BY SCHOOL 1344 CURRICULUM,INSTRC-INNOVATION,= COMPUTER ASSISTED INSTRUCTION
 BY SCHOOL 1345 CURRICULUM,INSTRC-INNOVATION,= RECORD USE, REQ CLERKSHIPS,
 BY SCHOOL 1346 CURRICULUM,INSTRC-INNOVATION,=RECORD USE , CLIN ELECTIVES,
 BY SCHOOL 1347 CURRICULUM,INSTRC-INNOVATION,=RECORD USE , REQ&ELEC CLINICAL
 BY SCHOOL 1348 CURRICULUM,INSTRC-INNOVATION,=RECORD USE , NOT USED
 BY SCHOOL 1349 CURRICULUM,INSTRC-INNOVATION,= INDEPENDENT STUDY
 BY SCHOOL 1350 CURRICULUM,INSTRC-INNOVATION,= ABULTRY PRIMARY-CARE,PROGRAMS
 BY SCHOOL 1351 CURRICULUM,INSTRC-INNOVATION,= SPECIALTY TRACKS AVAILABLE
 BY SCHOOL 1352 TYPE OF MED-COLLEGE GRADING,= PASS, FAIL
 BY SCHOOL 1353 TYPE OF MED-COLLEGE GRADING,= HONORS, PASS, FAIL
 BY SCHOOL 1354 TYPE OF MED-COLLEGE GRADING,= LETTER/NUMBER GRADE
 BY SCHOOL 1355 TYPE OF MED-COLLEGE GRADING,= # LEVELS IN RANGE OF GRADES
 BY SCHOOL 1356 TYPE OF MED-COLLEGE GRADING,= OTHER TYPE OF GRADING
 BY SCHOOL 1357 USE OF NATIONAL-BOARDS,I= MED-STUDENT,MUST TAKE AS CANDIDATE
 BY SCHOOL 1358 USE OF NATIONAL-BOARDS,I= MED-STUDENT,MUST TAKE TO REC SCORE
 BY SCHOOL 1359 USE OF NATIONAL-BOARDS,I= MED-STUDENT,/PASS TO BE PROMOTED
 BY SCHOOL 1360 USE OF NATIONAL-BOARDS,I= MED-STUDENT,HAS OPTION TO TAKE
 BY SCHOOL 1361 DEPARTMENT (S) USING NATIONAL-BOARDS, PART I
 BY SCHOOL 1362 USE OF NATIONAL-BOARDS,II MED-STUDENT,MUST TAKE AS CANDIDATE
 BY SCHOOL 1363 USE OF NATIONAL-BOARDS,II MED-STUDENT,MUST TAKE TO REC SCORE
 BY SCHOOL 1364 USE OF NATIONAL-BOARDS,II MED-STUDENT,HAS OPTION TO TAKE
 BY SCHOOL 1365 DEPARTMENT (S) USING NATIONAL-BOARDS, PART II
 BY SCHOOL 1366 MED-COLLEGE GRADING,= MED-STUDENTS, BY CLASS RANK
 BY SCHOOL 1367 CURRICULUM,EVALUATION, BY WRITTEN EXAMS
 BY SCHOOL 1368 CURRICULUM,EVALUATION, BY WRITTEN EXAMS DEVELOPED BY
 BY SCHOOL 1369 CURRICULUM,EVALUATION, BY INTERNSHIP OR RESIDENCY PERFORMNCE
 BY SCHOOL 1370 CURRICULUM,EVALUATION, BY FACULTY OPINION

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DATA FROM 1974-75 QUESTIONNAIRE FOR THE 1974-75 AAMC CURRICULUM DIRECTORY

BY SCHOOL 1371 CURRICULUM EVALUATION, BY STUDENT OPINION
 BY SCHOOL 1372 CURRICULUM EVALUATION, BY OTHER TYPE
 BY SCHOOL 1373 CURRICULUM - STATEMENT OF BEHAV/LEARNING OBJECTIVES, REQUIRED
 BY SCHOOL 1374 CURRICULUM - STATEMENT OF BEHAV/LEARNING OBJECTIVES, PUBLISHED
 BY SCHOOL 1375 CURRICULUM - STATEMENT BEHAV/LEARN OBJECTIVES, PREP BY SCHOOL
 BY SCHOOL 1376 CURRICULUM - STATEMENT BEHAV/LEARN OBJECTIVES, PREP BY DEPT
 BY SCHOOL 1377 CURRICULUM - STATEMENT BEHAV/LEARN OBJECTIVES, BY CURRCL UNIT
 BY SCHOOL 1378 CURRICULUM - UNIT FOR RESEARCH&DEVLPMT OF EDUCATION PROCESS
 BY SCHOOL 1379 CURRICULUM - UNIT FOR MATERIAL DEVLPM/ MANAGEMENT OF MEDIA

DATA FROM 1973-74 LIASON COMMITTEE QUESTIONNAIRE, PART II

BY SCHOOL 1380 ENROLLMENT, # FIRST-YEAR, MALE, MEDICAL-STUDENTS
 BY SCHOOL 1381 ENROLLMENT, # FIRST-YEAR, FEMALE, MEDICAL-STUDENTS
 BY SCHOOL 1382 ENROLLMENT, # FIRST-YEAR, TOTAL MEDICAL-STUDENTS
 BY SCHOOL 1383 ENROLLMENT, # GRADUATES, MALE, MEDICAL-STUDENTS,
 BY SCHOOL 1384 ENROLLMENT, # GRADUATES, FEMALE, MEDICAL-STUDENTS,
 BY SCHOOL 1385 ENROLLMENT, # GRADUATES, TOTAL MEDICAL-STUDENTS,
 BY SCHOOL 1386 ENROLLMENT, # MIDDLE-YEARS, MALE, MEDICAL-STUDENTS
 BY SCHOOL 1387 ENROLLMENT, # MIDDLE-YEARS, FEMALE, MEDICAL-STUDENTS
 BY SCHOOL 1388 ENROLLMENT, # MIDDLE-YEARS, TOTAL MEDICAL-STUDENTS
 BY SCHOOL 1389 TOTAL ENROLLMENT, MALE, MEDICAL-STUDENTS,
 BY SCHOOL 1390 TOTAL ENROLLMENT, FEMALE, MEDICAL-STUDENTS,
 BY SCHOOL 1391 TOTAL ENROLLMENT, MEDICAL-STUDENTS,
 1392 ENROLLMENT, # MALE, MED-STUDENTS, ENROLLED AFTER CLASS BEGAN
 1393 ENROLLMENT, # FEMALE, MED-STUDENTS, ENROLLED AFTER CLASS BEGAN
 AGGREGATE 1394 ENROLLMENT, # OF FIRST-YEAR, FOREIGN, MEDICAL-STUDENTS
 AGGREGATE 1395 ENROLLMENT, # OF GRADUATES, FOREIGN, MEDICAL-STUDENTS,
 1396 ENROLLMENT, # OF FOREIGN, MEDICAL-STUDENTS IN MIDDLE-YEARS,
 1397 1ST-YR, MED-STUDENTS BY ETHNIC AFRO-AMERICAN, MALE.
 1398 1ST-YR, MED-STUDENTS BY ETHNIC AFRO-AMERICAN, FEMALE.
 1399 GRADUATES, MED-STUDENTS, BY ETHNIC AFRO-AMERICAN, MALE.
 1400 GRADUATES, MED-STUDENTS, BY ETHNIC AFRO-AMERICAN, FEMALE.
 1401 MIDDLE-YEARS, MED-STUDENTS BY ETHNIC AFRO-AMERICAN, MALE.
 1402 MIDDLE-YEARS, MED-STUDENTS BY ETHNIC AFRO-AMERICAN, FEMALE.
 1403 TOTAL MED-STUDENTS, BY ETHNIC AFRO-AMERICAN, MALE.
 1404 TOTAL MED-STUDENTS, BY ETHNIC AFRO-AMERICAN, FEMALE.
 1405 1ST-YR, MED-STUDENTS BY ETHNIC AMERICAN-INDIAN, MALE.
 1406 1ST-YR, MED-STUDENTS BY ETHNIC AMERICAN-INDIAN, FEMALE.
 1407 GRADUATES, MED-STUDENTS, BY ETHNIC AMERICAN-INDIAN, MALE
 1408 GRADUATES, MED-STUDENTS, BY ETHNIC AMERICAN-INDIAN, FEMALE.
 1409 MIDDLE-YEARS, MED-STUDENTS BY ETHNIC AMERICAN-INDIAN, MALE.
 1410 MIDDLE-YEARS, MED-STUDENTS BY ETHNIC AMERICAN-INDIAN, FEMALE.
 1411 TOTAL MED-STUDENTS, BY ETHNIC AMERICAN-INDIAN, MALE.
 1412 TOTAL MED-STUDENTS, BY ETHNIC AMERICAN-INDIAN, FEMALE.
 1413 1ST-YR, MED-STUDENTS BY ETHNIC CAUCASIAN, MALE.
 1414 1ST-YR, MED-STUDENTS BY ETHNIC CAUCASIAN, FEMALE.
 1415 GRADUATES, MED-STUDENTS, BY ETHNIC CAUCASIAN, MALE.
 1416 GRADUATES, MED-STUDENTS, BY ETHNIC CAUCASIAN, FEMALE.
 1417 MIDDLE-YEARS, MED-STUDENTS BY ETHNIC CAUCASIAN, MALE.
 1418 MIDDLE-YEARS, MED-STUDENTS BY ETHNIC CAUCASIAN, FEMALE.

UNRESTRICTED DATABASE VARIABLES

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DATA FROM 1973-74 LIASON COMMITTEE QUESTIONNAIRE, PART II

1419 TOTAL MED-STUDENTS, BY ETHNIC CAUCASIAN, MALE.
 1420 TOTAL MED-STUDENTS, BY ETHNIC CAUCASIAN, FEMALE.
 1421 1ST-YR. MED-STUDENTS BY ETHNIC MEXICAN-AMERICAN, MALE.
 1422 1ST-YR. MED-STUDENTS BY ETHNIC MEXICAN-AMERICAN, FEMALE.
 1423 GRADUATES, MED-STUDENTS, BY ETHNIC MEXICAN-AMERICAN, MALE.
 1424 GRADUATES, MED-STUDENTS, BY ETHNIC MEXICAN-AMERICAN, FEMALE.
 1425 MIDDLE-YEARS, MED-STUDENTS BY ETHNIC MEXICAN-AMERICAN, MALE.
 1426 MIDDLE-YEARS, MED-STUDENTS BY ETHNIC MEXICAN-AMERICAN, FEMALE.
 1427 TOTAL MED-STUDENTS, BY ETHNIC MEXICAN-AMERICAN, MALE.
 1428 TOTAL MED-STUDENTS, BY ETHNIC MEXICAN-AMERICAN, FEMALE.
 1429 1ST-YR. MED-STUDENTS BY ETHNIC ORIENTAL-AMERICAN, MALE.
 1430 1ST-YR. MED-STUDENTS BY ETHNIC ORIENTAL-AMERICAN, FEMALE.
 1431 GRADUATES, MED-STUDENTS, BY ETHNIC ORIENTAL-AMERICAN, MALE.
 1432 GRADUATES, MED-STUDENTS, BY ETHNIC ORIENTAL-AMERICAN, FEMALE.
 1433 MIDDLE-YEARS, MED-STUDENTS BY ETHNIC ORIENTAL-AMERICAN, MALE.
 1434 MIDDLE-YEARS, MED-STUDENTS BY ETHNIC ORIENTAL-AMERICAN, FEMALE.
 1435 TOTAL MED-STUDENTS, BY ETHNIC ORIENTAL-AMERICAN, MALE.
 1436 TOTAL MED-STUDENTS, BY ETHNIC ORIENTAL-AMERICAN, FEMALE.
 1437 1ST-YR. MED-STUDENTS BY ETHNIC PUERTO-RICAN, MALE.
 1438 1ST-YR. MED-STUDENTS BY ETHNIC PUERTO-RICAN, FEMALE.
 1439 GRADUATES, MED-STUDENTS, BY ETHNIC PUERTO-RICAN, MALE.
 1440 GRADUATES, MED-STUDENTS, BY ETHNIC PUERTO-RICAN, FEMALE.
 1441 MIDDLE-YEARS, MED-STUDENTS BY ETHNIC PUERTO-RICAN, MALE.
 1442 MIDDLE-YEARS, MED-STUDENTS BY ETHNIC PUERTO-RICAN, FEMALE.
 1443 TOTAL MED-STUDENTS, BY ETHNIC PUERTO-RICAN, MALE.
 1444 TOTAL MED-STUDENTS, BY ETHNIC PUERTO-RICAN, FEMALE.
 1445 1ST-YR. MED-STUDENTS BY ETHNIC ALL OTHERS MALE.
 1446 1ST-YR. MED-STUDENTS BY ETHNIC ALL OTHERS FEMALE.
 1447 GRADUATES, MED-STUDENTS, BY ETHNIC ALL OTHERS MALE.
 1448 GRADUATES, MED-STUDENTS, BY ETHNIC ALL OTHERS FEMALE.
 1449 MIDDLE-YEARS, MED-STUDENTS BY ETHNIC ALL OTHERS MALE.
 1450 MIDDLE-YEARS, MED-STUDENTS BY ETHNIC ALL OTHERS FEMALE.
 1451 TOTAL MED-STUDENTS, BY ETHNIC ALL OTHERS MALE.
 1452 TOTAL MED-STUDENTS, BY ETHNIC ALL OTHERS FEMALE.
 1453 TOTAL 1ST-YR. MALE, MEDICAL-STUDENTS ALL ETHNIC GROUPS
 1454 TOTAL 1ST-YR. FEMALE, MEDICAL-STUDENTS ALL ETHNIC GROUPS
 1455 TOTAL GRADUATES, MALE, MED-STUDENTS, ALL ETHNIC GROUPS
 1456 TOTAL GRADUATES, FEMALE, MED-STUDENTS, ALL ETHNIC GROUPS
 1457 TOTAL MIDDLE-YEARS, MALE, MED-STUDENTS ALL ETHNIC GROUPS
 1458 TOTAL MIDDLE-YEARS, FEMALE, MED-STUDENTS ALL ETHNIC GROUPS
 1459 TOTAL OF ALL MALE, MED-STUDENTS, IN ALL ETHNIC GROUPS
 1460 TOTAL OF ALL FEMALE, MED-STUDENTS, IN ALL ETHNIC GROUPS
 1461 TOTAL, ETHNIC MINORITY MED-STUDENTS, MALE, & FEMALE.
 1534 FIRST-YEAR, MED-STUDENTS YEARS IN UNDERGRAD, COLL- 2 OR LESS
 1535 FIRST-YEAR, MED-STUDENTS YEARS IN UNDERGRAD, COLL- 3 YEARS
 1536 FIRST-YEAR, MED-STUDENTS YEARS IN UNDERGRAD, COLL- 4 OR MORE
 1537 FIRST-YEAR, MED-STUDENTS HIGHEST EARNED DEGREE, BACHELORS.
 1538 FIRST-YEAR, MED-STUDENTS HIGHEST EARNED DEGREE, MASTERS.
 1539 FIRST-YEAR, MED-STUDENTS HIGHEST EARNED DEGREE, DOCTORATE.
 1540 FIRST-YEAR, MED-STUDENTS HIGHEST EARNED DEGREE, OTHER
 1541 FIRST-YEAR, MED-STUDENTS HIGHEST EARNED DEGREE, NONE

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	1542	FIRST-YEAR.MED-STUDENTS FROM UNDERGRAD.COLLNOT TRADL GRADING
BY SCHOOL	1548	MD INTERNS.INSTRUCTED BY MEDICAL FACULTY.
BY SCHOOL	1549	MD RESIDENTS.INSTRUCTED BY MEDICAL FACULTY.
AGGREGATE	1550	DENTAL.STUDENTS, INSTRUCTED BY MEDICAL FACULTY.
AGGREGATE	1551	PHARMACY.STUDENTS, INSTRUCTED BY MEDICAL FACULTY.
AGGREGATE	1552	NURSING.STUDENTS.INSTRUCTED BY MEDICAL FACULTY.
AGGREGATE	1553	PHYSICIANS-ASSTS.STUDENTS, INSTRUCTED BY MEDICAL FACULTY.
AGGREGATE	1554	OTHER ALLIED-HLTH.STUDENTS, INSTRUCTED BY MEDICAL FACULTY.
AGGREGATE	1555	UNDERGRAD.STUDENTS.(ART&SCI MAJORS)INSTRUCTED MED FACULTY.
AGGREGATE	1556	GRADUATE-STUDENTS.NOT BAS/CLIN SCI)INSTRUCTED MED FACULTY.
AGGREGATE	1557	ALL CONTINUING-EDUCATION.STUDENTS, INSTRUCTED MED FACULTY.
AGGREGATE	1558	ALL OTHER STUDENTS, INSTRUCTED BY MEDICAL FACULTY.
BY SCHOOL	1559	TOTAL.MED-STUDENTS.EQUIVALENTS, INSTRUCTED BY MED FACULTY.
BY SCHOOL	1560	GRADUATE-STUDENTS.MASTERS.CANDIDATES ANATOMY.
BY SCHOOL	1561	GRADUATE-STUDENTS.MASTERS.CANDIDATES BIOCHEMISTRY.
BY SCHOOL	1562	GRADUATE-STUDENTS.MASTERS.CANDIDATES BIOPHYSICS.
BY SCHOOL	1563	GRADUATE-STUDENTS.MASTERS.CANDIDATES CELL-BIOLOGY.
BY SCHOOL	1564	GRADUATE-STUDENTS.MASTERS.CANDIDATES GENETICS.
BY SCHOOL	1565	GRADUATE-STUDENTS.MASTERS.CANDIDATES MICROBIOLOGY.
BY SCHOOL	1566	GRADUATE-STUDENTS.MASTERS.CANDIDATES PATHOLOGY.
BY SCHOOL	1567	GRADUATE-STUDENTS.MASTERS.CANDIDATES PHARMACOLOGY.
BY SCHOOL	1568	GRADUATE-STUDENTS.MASTERS.CANDIDATES PHYSIOLOGY.
BY SCHOOL	1569	GRADUATE-STUDENTS.MASTERS.CANDIDATES OTHER-BASIC.SCIENCES
BY SCHOOL	1570	GRADUATE-STUDENTS.DOCTORATE.CANDIDATES ANATOMY.
BY SCHOOL	1571	GRADUATE-STUDENTS.DOCTORATE.CANDIDATES BIOCHEMISTRY.
BY SCHOOL	1572	GRADUATE-STUDENTS.DOCTORATE.CANDIDATES BIOPHYSICS.
BY SCHOOL	1573	GRADUATE-STUDENTS.DOCTORATE.CANDIDATES CELL-BIOLOGY.
BY SCHOOL	1574	GRADUATE-STUDENTS.DOCTORATE.CANDIDATES GENETICS.
BY SCHOOL	1575	GRADUATE-STUDENTS.DOCTORATE.CANDIDATES MICROBIOLOGY.
BY SCHOOL	1576	GRADUATE-STUDENTS.DOCTORATE.CANDIDATES PATHOLOGY.
BY SCHOOL	1577	GRADUATE-STUDENTS.DOCTORATE.CANDIDATES PHARMACOLOGY.
BY SCHOOL	1578	GRADUATE-STUDENTS.DOCTORATE.CANDIDATES PHYSIOLOGY.
BY SCHOOL	1579	GRADUATE-STUDENTS.DOCTORATE.CANDIDATES OTHER-BASIC.SCIENCES
BY SCHOOL	1580	GRADUATE-STUDENTS.MASTERS.GRADUATES, ANATOMY.
BY SCHOOL	1581	GRADUATE-STUDENTS.MASTERS.GRADUATES, BIOCHEMISTRY.
BY SCHOOL	1582	GRADUATE-STUDENTS.MASTERS.GRADUATES, BIOPHYSICS.
BY SCHOOL	1583	GRADUATE-STUDENTS.MASTERS.GRADUATES, CELL-BIOLOGY.
BY SCHOOL	1584	GRADUATE-STUDENTS.MASTERS.GRADUATES, GENETICS.
BY SCHOOL	1585	GRADUATE-STUDENTS.MASTERS.GRADUATES, MICROBIOLOGY.
BY SCHOOL	1586	GRADUATE-STUDENTS.MASTERS.GRADUATES, PATHOLOGY.
BY SCHOOL	1587	GRADUATE-STUDENTS.MASTERS.GRADUATES, PHARMACOLOGY.
BY SCHOOL	1588	GRADUATE-STUDENTS.MASTERS.GRADUATES, PHYSIOLOGY.
BY SCHOOL	1589	GRADUATE-STUDENTS.MASTERS.GRADUATES, OTHER-BASIC.SCIENCES
BY SCHOOL	1590	GRADUATE-STUDENTS.DOCTORATE.GRADUATES, ANATOMY.
BY SCHOOL	1591	GRADUATE-STUDENTS.DOCTORATE.GRADUATES, BIOCHEMISTRY.
BY SCHOOL	1592	GRADUATE-STUDENTS.DOCTORATE.GRADUATES, BIOPHYSICS.
BY SCHOOL	1593	GRADUATE-STUDENTS.DOCTORATE.GRADUATES, CELL-BIOLOGY.
BY SCHOOL	1594	GRADUATE-STUDENTS.DOCTORATE.GRADUATES, GENETICS.
BY SCHOOL	1595	GRADUATE-STUDENTS.DOCTORATE.GRADUATES, MICROBIOLOGY.
BY SCHOOL	1596	GRADUATE-STUDENTS.DOCTORATE.GRADUATES, PATHOLOGY.
BY SCHOOL	1597	GRADUATE-STUDENTS.DOCTORATE.GRADUATES, PHARMACOLOGY.

UNRESTRICTED DATABASE VARIABLES

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BY SCHOOL	1598	GRADUATE-STUDENTS, DOCTORATE, GRADUATES, PHYSIOLOGY.
BY SCHOOL	1599	GRADUATE-STUDENTS, DOCTORATE, GRADUATES, OTHER-BASIC, SCIENCES
BY SCHOOL	1600	GRADUATE-STUDENTS, NON-DEGREE, CANDIDATES ANATOMY.
BY SCHOOL	1601	GRADUATE-STUDENTS, NON-DEGREE, CANDIDATES BIOCHEMISTRY.
BY SCHOOL	1602	GRADUATE-STUDENTS, NON-DEGREE, CANDIDATES BIOPHYSICS.
BY SCHOOL	1603	GRADUATE-STUDENTS, NON-DEGREE, CANDIDATES CELL-BIOLOGY.
BY SCHOOL	1604	GRADUATE-STUDENTS, NON-DEGREE, CANDIDATES GENETICS.
BY SCHOOL	1605	GRADUATE-STUDENTS, NON-DEGREE, CANDIDATES MICROBIOLOGY.
BY SCHOOL	1606	GRADUATE-STUDENTS, NON-DEGREE, CANDIDATES PATHOLOGY.
BY SCHOOL	1607	GRADUATE-STUDENTS, NON-DEGREE, CANDIDATES PHARMACOLOGY.
BY SCHOOL	1608	GRADUATE-STUDENTS, NON-DEGREE, CANDIDATES PHYSIOLOGY.
BY SCHOOL	1609	GRADUATE-STUDENTS, NON-DEGREE, CANDIDATES OTHER-BASIC, SCIENCES
BY SCHOOL	1610	PLANNED, FIRST-YEAR, MEDICAL-STUDENTS IN 1974-75
AGGREGATE	1611	PLANNED, FIRST-YEAR, MEDICAL-STUDENTS IN 1975-76
AGGREGATE	1612	PLANNED, FIRST-YEAR, MEDICAL-STUDENTS IN 1976-77
AGGREGATE	1613	PLANNED, FIRST-YEAR, MEDICAL-STUDENTS IN 1977-78
AGGREGATE	1614	PLANNED, FIRST-YEAR, MEDICAL-STUDENTS IN 1978-79
	1615	PLANNED, MED-STUDENTS, TO ADMIT TO FIRST CLINICAL YEAR 1974-75
	1616	PLANNED, MED-STUDENTS, TO ADMIT TO FIRST CLINICAL YEAR 1975-76
	1617	PLANNED, MED-STUDENTS, TO ADMIT TO FIRST CLINICAL YEAR 1976-77
	1618	PLANNED, MED-STUDENTS, TO ADMIT TO FIRST CLINICAL YEAR 1977-78
	1619	PLANNED, MED-STUDENTS, TO ADMIT TO FIRST CLINICAL YEAR 1978-79
AGGREGATE	1620	NUMBER OF PLANNED, GRADUATES, MED-STUDENTS, IN 1974-75
AGGREGATE	1621	NUMBER OF PLANNED, GRADUATES, MED-STUDENTS, IN 1975-76
AGGREGATE	1622	NUMBER OF PLANNED, GRADUATES, MED-STUDENTS, IN 1976-77
AGGREGATE	1623	FULL-TIME PROFESSORS, ON FACULTY IN DEPT ANATOMY.
AGGREGATE	1624	FULL-TIME PROFESSORS, ON FACULTY IN DEPT BIOCHEMISTRY.
AGGREGATE	1625	FULL-TIME PROFESSORS, ON FACULTY IN DEPT MICROBIOLOGY.
AGGREGATE	1626	FULL-TIME PROFESSORS, ON FACULTY IN DEPT PATHOLOGY.
AGGREGATE	1627	FULL-TIME PROFESSORS, ON FACULTY IN DEPT PHARMACOLOGY.
AGGREGATE	1628	FULL-TIME PROFESSORS, ON FACULTY IN DEPT PHYSIOLOGY.
AGGREGATE	1629	FULL-TIME PROFESSORS, ON FACULTY IN DEPT OTHER-BASIC, SCIENCES
AGGREGATE	1630	FULL-TIME PROFESSORS, ON FACULTY, IN ALL BASIC-SCI. DEPT TOTAL
AGGREGATE	1631	FULL-TIME ASSOC-PROFS, ON FACULTY IN DEPT ANATOMY.
AGGREGATE	1632	FULL-TIME ASSOC-PROFS, ON FACULTY IN DEPT BIOCHEMISTRY.
AGGREGATE	1633	FULL-TIME ASSOC-PROFS, ON FACULTY IN DEPT MICROBIOLOGY.
AGGREGATE	1634	FULL-TIME ASSOC-PROFS, ON FACULTY IN DEPT PATHOLOGY.
AGGREGATE	1635	FULL-TIME ASSOC-PROFS, ON FACULTY IN DEPT PHARMACOLOGY.
AGGREGATE	1636	FULL-TIME ASSOC-PROFS, ON FACULTY IN DEPT PHYSIOLOGY.
AGGREGATE	1637	FULL-TIME ASSOC-PROFS, ON FACULTY IN DEPT OTHER-BASIC, SCIENCE
AGGREGATE	1638	FULL-TIME ASSOC-PROFS, ON FACULTY, IN DEPT ALL BASIC-SCI. TOTAL
AGGREGATE	1639	FULL-TIME ASST-PROFS, ON FACULTY IN DEPT ANATOMY.
AGGREGATE	1640	FULL-TIME ASST-PROFS, ON FACULTY IN DEPT BIOCHEMISTRY.
AGGREGATE	1641	FULL-TIME ASST-PROFS, ON FACULTY IN DEPT MICROBIOLOGY.
AGGREGATE	1642	FULL-TIME ASST-PROFS, ON FACULTY IN DEPT PATHOLOGY.
AGGREGATE	1643	FULL-TIME ASST-PROFS, ON FACULTY IN DEPT PHARMACOLOGY.
AGGREGATE	1644	FULL-TIME ASST-PROFS, ON FACULTY IN DEPT PHYSIOLOGY.
AGGREGATE	1645	FULL-TIME ASST-PROFS, ON FACULTY IN DEPT OTHER-BASIC, SCIENCES
AGGREGATE	1646	FULL-TIME ASST-PROFS, ON FACULTY, IN DEPT ALL BASIC-SCI. TOTAL
AGGREGATE	1647	FULL-TIME INSTRUCTORS, ON FACULTY IN DEPT ANATOMY.
AGGREGATE	1648	FULL-TIME INSTRUCTORS, ON FACULTY IN DEPT BIOCHEMISTRY.

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AGGREGATE	1649	FULL-TIME INSTRUCTORS, ON FACULTY IN DEPT MICROBIOLOGY.
AGGREGATE	1650	FULL-TIME INSTRUCTORS, ON FACULTY IN DEPT PATHOLOGY.
AGGREGATE	1651	FULL-TIME INSTRUCTORS, ON FACULTY IN DEPT PHARMACOLOGY.
AGGREGATE	1652	FULL-TIME INSTRUCTORS, ON FACULTY IN DEPT PHYSIOLOGY.
AGGREGATE	1653	FULL-TIME INSTRUCTORS, ON FACULTY IN DEPT OTHER-BASIC.SCIENCE
AGGREGATE	1654	FULL-TIME INSTRUCTORS, ON FACULTY, IN DEPT ALL BASIC-SCI, TOTAL
AGGREGATE	1655	FULL-TIME, FACULTY, BASIC-SCI DEPT OF ANATOMY.
AGGREGATE	1656	FULL-TIME, FACULTY, BASIC-SCI DEPT OF BIOCHEMISTRY.
AGGREGATE	1657	FULL-TIME, FACULTY, BASIC-SCI DEPT OF MICROBIOLOGY.
AGGREGATE	1658	FULL-TIME, FACULTY, BASIC-SCI DEPT OF PATHOLOGY.
AGGREGATE	1659	FULL-TIME, FACULTY, BASIC-SCI DEPT OF PHARMACOLOGY.
AGGREGATE	1660	FULL-TIME, FACULTY, BASIC-SCI DEPT OF PHYSIOLOGY.
AGGREGATE	1661	FULL-TIME, FACULTY, BASIC-SCI DEPT OF OTHER-BASIC, SCIENCES
AGGREGATE	1662	FULL-TIME, FACULTY, BASIC-SCI DEPT OF TOTAL, BASIC-SCIENCES.
AGGREGATE	1663	FULL-TIME PROFESSORS, ON FACULTY IN DEPT ANESTHESIOLOGY.
AGGREGATE	1664	FULL-TIME PROFESSORS, ON FACULTY IN DEPT DERMATOLOGY.
AGGREGATE	1665	FULL-TIME PROFESSORS, ON FACULTY IN DEPT FAMILY-MEDICINE.
AGGREGATE	1666	FULL-TIME PROFESSORS, ON FACULTY IN DEPT MEDICINE.
AGGREGATE	1667	FULL-TIME PROFESSORS, ON FACULTY IN DEPT NEUROLOGY.
AGGREGATE	1668	FULL-TIME PROFESSORS, ON FACULTY IN DEPT OB-GYN.
AGGREGATE	1669	FULL-TIME PROFESSORS, ON FACULTY IN DEPT OPHTHALMOLOGY.
AGGREGATE	1670	FULL-TIME PROFESSORS, ON FACULTY IN DEPT ORTHOPEDICS.
AGGREGATE	1671	FULL-TIME PROFESSORS, ON FACULTY IN DEPT OTOLARYNGOLOGY.
AGGREGATE	1672	FULL-TIME PROFESSORS, ON FACULTY IN DEPT PEDIATRICS.
AGGREGATE	1673	FULL-TIME PROFESSORS, ON FACULTY IN DEPT PHYSICAL-MEDICINE.
AGGREGATE	1674	FULL-TIME PROFESSORS, ON FACULTY IN DEPT PSYCHIATRY.
AGGREGATE	1675	FULL-TIME PROFESSORS, ON FACULTY IN DEPT PUB-HLTH, PREV-MED.
AGGREGATE	1676	FULL-TIME PROFESSORS, ON FACULTY IN DEPT RADIOLOGY.
AGGREGATE	1677	FULL-TIME PROFESSORS, ON FACULTY IN DEPT SURGERY.
AGGREGATE	1678	FULL-TIME PROFESSORS, ON FACULTY IN DEPT UROLOGY.
AGGREGATE	1679	FULL-TIME PROFESSORS, ON FACULTY IN DEPT OTHER-CLIN, SCIENCES
AGGREGATE	1680	FULL-TIME PROFESSORS, ON FACULTY, IN DEPT ALL CLIN-SCI, TOTAL
AGGREGATE	1681	FULL-TIME ASSOC-PROFS, ON FACULTY IN DEPT ANESTHESIOLOGY.
AGGREGATE	1682	FULL-TIME ASSOC-PROFS, ON FACULTY IN DEPT DERMATOLOGY.
AGGREGATE	1683	FULL-TIME ASSOC-PROFS, ON FACULTY IN DEPT FAMILY-MEDICINE.
AGGREGATE	1684	FULL-TIME ASSOC-PROFS, ON FACULTY IN DEPT MEDICINE.
AGGREGATE	1685	FULL-TIME ASSOC-PROFS, ON FACULTY IN DEPT NEUROLOGY.
AGGREGATE	1686	FULL-TIME ASSOC-PROFS, ON FACULTY IN DEPT OB-GYN.
AGGREGATE	1687	FULL-TIME ASSOC-PROFS, ON FACULTY IN DEPT OPHTHALMOLOGY.
AGGREGATE	1688	FULL-TIME ASSOC-PROFS, ON FACULTY IN DEPT ORTHOPEDICS.
AGGREGATE	1689	FULL-TIME ASSOC-PROFS, ON FACULTY IN DEPT OTOLARYNGOLOGY.
AGGREGATE	1690	FULL-TIME ASSOC-PROFS, ON FACULTY IN DEPT PEDIATRICS.
AGGREGATE	1691	FULL-TIME ASSOC-PROFS, ON FACULTY IN DEPT PHYSICAL-MEDICINE.
AGGREGATE	1692	FULL-TIME ASSOC-PROFS, ON FACULTY IN DEPT PSYCHIATRY.
AGGREGATE	1693	FULL-TIME ASSOC-PROFS, ON FACULTY IN DEPT PUB-HLTH, PREV-MED.
AGGREGATE	1694	FULL-TIME ASSOC-PROFS, ON FACULTY IN DEPT RADIOLOGY.
AGGREGATE	1695	FULL-TIME ASSOC-PROFS, ON FACULTY IN DEPT SURGERY.
AGGREGATE	1696	FULL-TIME ASSOC-PROFS, ON FACULTY IN DEPT UROLOGY.
AGGREGATE	1697	FULL-TIME ASSOC-PROFS, ON FACULTY IN DEPT OTHER-CLIN, SCIENCES
AGGREGATE	1698	FULL-TIME ASSOC-PROFS, ON FACULTY, IN DEPT ALL CLIN-SCI, TOTAL
AGGREGATE	1699	FULL-TIME ASST-PROFS, ON FACULTY IN DEPT ANESTHESIOLOGY.

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AGGREGATE	1700	FULL-TIME	ASST-PROFS.ON	FACULTY	IN	DEPT	DERMATOLOGY.
AGGREGATE	1701	FULL-TIME	ASST-PROFS.ON	FACULTY	IN	DEPT	FAMILY-MEDICINE.
AGGREGATE	1702	FULL-TIME	ASST-PROFS.ON	FACULTY	IN	DEPT	MEDICINE.
AGGREGATE	1703	FULL-TIME	ASST-PROFS.ON	FACULTY	IN	DEPT	NEUROLOGY.
AGGREGATE	1704	FULL-TIME	ASST-PROFS.ON	FACULTY	IN	DEPT	OB-GYN.
AGGREGATE	1705	FULL-TIME	ASST-PROFS.ON	FACULTY	IN	DEPT	OPHTHALMOLOGY.
AGGREGATE	1706	FULL-TIME	ASST-PROFS.ON	FACULTY	IN	DEPT	ORTHOPEDICS.
AGGREGATE	1707	FULL-TIME	ASST-PROFS.ON	FACULTY	IN	DEPT	OTOLARYNGOLOGY.
AGGREGATE	1708	FULL-TIME	ASST-PROFS.ON	FACULTY	IN	DEPT	PEDIATRICS.
AGGREGATE	1709	FULL-TIME	ASST-PROFS.ON	FACULTY	IN	DEPT	PHYSICAL-MEDICINE.
AGGREGATE	1710	FULL-TIME	ASST-PROFS.ON	FACULTY	IN	DEPT	PSYCHIATRY.
AGGREGATE	1711	FULL-TIME	ASST-PROFS.ON	FACULTY	IN	DEPT	PUB-HLTH.PREV-MED.
AGGREGATE	1712	FULL-TIME	ASST-PROFS.ON	FACULTY	IN	DEPT	RADIOLOGY.
AGGREGATE	1713	FULL-TIME	ASST-PROFS.ON	FACULTY	IN	DEPT	SURGERY.
AGGREGATE	1714	FULL-TIME	ASST-PROFS.ON	FACULTY	IN	DEPT	UROLOGY.
AGGREGATE	1715	FULL-TIME	ASST-PROFS.ON	FACULTY	IN	DEPT	OTHER-CLIN.SCIENCES
AGGREGATE	1716	FULL-TIME	ASST-PROFS.ON	FACULTY	IN	DEPT	ALL CLIN-SCI.TOTAL
AGGREGATE	1717	FULL-TIME	INSTRUCTORS.ON	FACULTY	IN	DEPT	ANESTHESIOLOGY.
AGGREGATE	1718	FULL-TIME	INSTRUCTORS.ON	FACULTY	IN	DEPT	DERMATOLOGY.
AGGREGATE	1719	FULL-TIME	INSTRUCTORS.ON	FACULTY	IN	DEPT	FAMILY-MEDICINE.
AGGREGATE	1720	FULL-TIME	INSTRUCTORS.ON	FACULTY	IN	DEPT	MEDICINE.
AGGREGATE	1721	FULL-TIME	INSTRUCTORS.ON	FACULTY	IN	DEPT	NEUROLOGY.
AGGREGATE	1722	FULL-TIME	INSTRUCTORS.ON	FACULTY	IN	DEPT	OB-GYN.
AGGREGATE	1723	FULL-TIME	INSTRUCTORS.ON	FACULTY	IN	DEPT	OPHTHALMOLOGY.
AGGREGATE	1724	FULL-TIME	INSTRUCTORS.ON	FACULTY	IN	DEPT	ORTHOPEDICS.
AGGREGATE	1725	FULL-TIME	INSTRUCTORS.ON	FACULTY	IN	DEPT	OTOLARYNGOLOGY.
AGGREGATE	1726	FULL-TIME	INSTRUCTORS.ON	FACULTY	IN	DEPT	PEDIATRICS.
AGGREGATE	1727	FULL-TIME	INSTRUCTORS.ON	FACULTY	IN	DEPT	PHYSICAL-MEDICINE.
AGGREGATE	1728	FULL-TIME	INSTRUCTORS.ON	FACULTY	IN	DEPT	PSYCHIATRY.
AGGREGATE	1729	FULL-TIME	INSTRUCTORS.ON	FACULTY	IN	DEPT	PUB-HLTH.PREV-MED.
AGGREGATE	1730	FULL-TIME	INSTRUCTORS.ON	FACULTY	IN	DEPT	RADIOLOGY.
AGGREGATE	1731	FULL-TIME	INSTRUCTORS.ON	FACULTY	IN	DEPT	SURGERY.
AGGREGATE	1732	FULL-TIME	INSTRUCTORS.ON	FACULTY	IN	DEPT	UROLOGY.
AGGREGATE	1733	FULL-TIME	INSTRUCTORS.ON	FACULTY	IN	DEPT	OTHER-CLIN.SCIENCES
AGGREGATE	1734	FULL-TIME	INSTRUCTORS.ON	FACULTY	IN	DEPT	ALL CLIN-SCI.TOTAL
AGGREGATE	1735	FULL-TIME	FACULTY	IN	CLIN-SCI	DEPT	OF ANESTHESIOLOGY.
AGGREGATE	1736	FULL-TIME	FACULTY	IN	CLIN-SCI	DEPT	OF DERMATOLOGY.
AGGREGATE	1737	FULL-TIME	FACULTY	IN	CLIN-SCI	DEPT	OF FAMILY-MEDICINE.
AGGREGATE	1738	FULL-TIME	FACULTY	IN	CLIN-SCI	DEPT	OF MEDICINE.
AGGREGATE	1739	FULL-TIME	FACULTY	IN	CLIN-SCI	DEPT	OF NEUROLOGY.
AGGREGATE	1740	FULL-TIME	FACULTY	IN	CLIN-SCI	DEPT	OF OB-GYN.
AGGREGATE	1741	FULL-TIME	FACULTY	IN	CLIN-SCI	DEPT	OF OPHTHALMOLOGY.
AGGREGATE	1742	FULL-TIME	FACULTY	IN	CLIN-SCI	DEPT	OF ORTHOPEDICS.
AGGREGATE	1743	FULL-TIME	FACULTY	IN	CLIN-SCI	DEPT	OF OTOLARYNGOLOGY.
AGGREGATE	1744	FULL-TIME	FACULTY	IN	CLIN-SCI	DEPT	OF PEDIATRICS.
AGGREGATE	1745	FULL-TIME	FACULTY	IN	CLIN-SCI	DEPT	OF PHYSICAL-MEDICINE.
AGGREGATE	1746	FULL-TIME	FACULTY	IN	CLIN-SCI	DEPT	OF PSYCHIATRY.
AGGREGATE	1747	FULL-TIME	FACULTY	IN	CLIN-SCI	DEPT	OF PUB-HLTH.PREV-MED.
AGGREGATE	1748	FULL-TIME	FACULTY	IN	CLIN-SCI	DEPT	OF RADIOLOGY.
AGGREGATE	1749	FULL-TIME	FACULTY	IN	CLIN-SCI	DEPT	OF SURGERY.
AGGREGATE	1750	FULL-TIME	FACULTY	IN	CLIN-SCI	DEPT	OF UROLOGY.

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AGGREGATE	1751	FULL-TIME.FACULTY.IN	CLIN-SCI	DEPT OF OTHER-CLIN.SCIENCES
AGGREGATE	1752	FULL-TIME.FACULTY.IN	CLIN-SCI	DEPT OF TOTAL.CLIN-SCI,DEPTS
	1753	PART-TIME.FACULTY.IN		DEPT OF ANATOMY.
	1754	PART-TIME.FACULTY.IN		DEPT OF BIOCHEMISTRY.
	1755	PART-TIME.FACULTY.IN		DEPT OF MICROBIOLOGY.
	1756	PART-TIME.FACULTY.IN		DEPT OF PATHOLOGY.
	1757	PART-TIME.FACULTY.IN		DEPT OF PHARMACOLOGY.
	1758	PART-TIME.FACULTY.IN		DEPT OF PHYSIOLOGY.
	1759	PART-TIME.FACULTY.IN		DEPT OF OTHER-BASIC.SCIENCES
AGGREGATE	1760	PART-TIME.FACULTY.IN		DEPT OF TOTAL ALL BASIC-SCIENCES.
	1761	VOLUNTEER.FACULTY.IN		DEPT OF ANATOMY.
	1762	VOLUNTEER.FACULTY.IN		DEPT OF BIOCHEMISTRY.
	1763	VOLUNTEER.FACULTY.IN		DEPT OF MICROBIOLOGY.
	1764	VOLUNTEER.FACULTY.IN		DEPT OF PATHOLOGY.
	1765	VOLUNTEER.FACULTY.IN		DEPT OF PHARMACOLOGY.
	1766	VOLUNTEER.FACULTY.IN		DEPT OF PHYSIOLOGY.
	1767	VOLUNTEER.FACULTY.IN		DEPT OF OTHER-BASIC.SCIENCES
AGGREGATE	1768	VOLUNTEER.FACULTY.IN		DEPT OF TOTAL ALL BASIC-SCIENCES.
	1769	PART-TIME.FACULTY.IN		DEPT OF ANESTHESIOLOGY.
	1770	PART-TIME.FACULTY.IN		DEPT OF DERMATOLOGY.
	1771	PART-TIME.FACULTY.IN		DEPT OF FAMILY-MEDICINE.
	1772	PART-TIME.FACULTY.IN		DEPT OF MEDICINE.
	1773	PART-TIME.FACULTY.IN		DEPT OF NEUROLOGY.
	1774	PART-TIME.FACULTY.IN		DEPT OF OB-GYN.
	1775	PART-TIME.FACULTY.IN		DEPT OF OPHTHALMOLOGY.
	1776	PART-TIME.FACULTY.IN		DEPT OF ORTHOPEDICS.
	1777	PART-TIME.FACULTY.IN		DEPT OF OTOLARYNGOLOGY.
	1778	PART-TIME.FACULTY.IN		DEPT OF PEDIATRICS.
	1779	PART-TIME.FACULTY.IN		DEPT OF PHYSICAL-MEDICINE.
	1780	PART-TIME.FACULTY.IN		DEPT OF PSYCHIATRY.
	1781	PART-TIME.FACULTY.IN		DEPT OF PUB-HLTH.PREV-MED.
	1782	PART-TIME.FACULTY.IN		DEPT OF RADIOLOGY.
	1783	PART-TIME.FACULTY.IN		DEPT OF SURGERY.
	1784	PART-TIME.FACULTY.IN		DEPT OF UROLOGY.
	1785	PART-TIME.FACULTY.IN		DEPT OF OTHER-CLINICAL.SCIENCES
AGGREGATE	1786	PART-TIME.FACULTY.IN		DEPT OF TOTAL ALL CLINICAL-SCIENCES.
	1787	VOLUNTEER.FACULTY.IN		DEPT OF ANESTHESIOLOGY.
	1788	VOLUNTEER.FACULTY.IN		DEPT OF DERMATOLOGY.
	1789	VOLUNTEER.FACULTY.IN		DEPT OF FAMILY-MEDICINE.
	1790	VOLUNTEER.FACULTY.IN		DEPT OF MEDICINE.
	1791	VOLUNTEER.FACULTY.IN		DEPT OF NEUROLOGY.
	1792	VOLUNTEER.FACULTY.IN		DEPT OF OB-GYN.
	1793	VOLUNTEER.FACULTY.IN		DEPT OF OPHTHALMOLOGY.
	1794	VOLUNTEER.FACULTY.IN		DEPT OF ORTHOPEDICS.
	1795	VOLUNTEER.FACULTY.IN		DEPT OF OTOLARYNGOLOGY.
	1796	VOLUNTEER.FACULTY.IN		DEPT OF PEDIATRICS.
	1797	VOLUNTEER.FACULTY.IN		DEPT OF PHYSICAL-MEDICINE.
	1798	VOLUNTEER.FACULTY.IN		DEPT OF PSYCHIATRY.
	1799	VOLUNTEER.FACULTY.IN		DEPT OF PUB-HLTH.PREV-MED.
	1800	VOLUNTEER.FACULTY.IN		DEPT OF RADIOLOGY.
	1801	VOLUNTEER.FACULTY.IN		DEPT OF SURGERY.

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	1802	VOLUNTEER, FACULTY, IN DEPT OF UROLOGY.
	1803	VOLUNTEER, FACULTY, IN DEPT OF OTHER-CLINICAL, SCIENCES
AGGREGATE	1804	VOLUNTEER, FACULTY, IN DEPT OF TOTAL ALL CLINICAL-SCIENCES.
AGGREGATE	1805	FULL-TIME FACULTY PROFESSORS, VACANCIES, DEPT ANATOMY.
AGGREGATE	1806	FULL-TIME FACULTY PROFESSORS, VACANCIES, DEPT BIOCHEMISTRY.
AGGREGATE	1807	FULL-TIME FACULTY PROFESSORS, VACANCIES, DEPT MICROBIOLOGY.
AGGREGATE	1808	FULL-TIME FACULTY PROFESSORS, VACANCIES, DEPT PATHOLOGY.
AGGREGATE	1809	FULL-TIME FACULTY PROFESSORS, VACANCIES, DEPT PHARMACOLOGY.
AGGREGATE	1810	FULL-TIME FACULTY PROFESSORS, VACANCIES, DEPT PHYSIOLOGY.
AGGREGATE	1811	FULL-TIME FACULTY PROFESSORS, VACANCIES, DEPT OTHER-BASIC, SCI
AGGREGATE	1812	FULL-TIME FACULTY PROFESSORS, VACANCIES, DEPT TOTAL BASIC-SCI.
AGGREGATE	1813	FULL-TIME FACULTY ASSOC-PROFS, VAC, IN DEPT ANATOMY.
AGGREGATE	1814	FULL-TIME FACULTY ASSOC-PROFS, VAC, IN DEPT BIOCHEMISTRY.
AGGREGATE	1815	FULL-TIME FACULTY ASSOC-PROFS, VAC, IN DEPT MICROBIOLOGY.
AGGREGATE	1816	FULL-TIME FACULTY ASSOC-PROFS, VAC, IN DEPT PATHOLOGY.
AGGREGATE	1817	FULL-TIME FACULTY ASSOC-PROFS, VAC, IN DEPT PHARMACOLOGY.
AGGREGATE	1818	FULL-TIME FACULTY ASSOC-PROFS, VAC, IN DEPT PHYSIOLOGY.
AGGREGATE	1819	FULL-TIME FACULTY ASSOC-PROFS, VAC, IN DEPT OTHER-BASIC, SCI
AGGREGATE	1820	FULL-TIME FACULTY ASSOC-PROFS, VAC, IN DEPT TOTAL BASIC-SCI.
AGGREGATE	1821	FULL-TIME FACULTY ASST-PROFS, VACANCIES, DEPT ANATOMY.
AGGREGATE	1822	FULL-TIME FACULTY ASST-PROFS, VACANCIES, DEPT BIOCHEMISTRY.
AGGREGATE	1823	FULL-TIME FACULTY ASST-PROFS, VACANCIES, DEPT MICROBIOLOGY.
AGGREGATE	1824	FULL-TIME FACULTY ASST-PROFS, VACANCIES, DEPT PATHOLOGY.
AGGREGATE	1825	FULL-TIME FACULTY ASST-PROFS, VACANCIES, DEPT PHARMACOLOGY.
AGGREGATE	1826	FULL-TIME FACULTY ASST-PROFS, VACANCIES, DEPT PHYSIOLOGY.
AGGREGATE	1827	FULL-TIME FACULTY ASST-PROFS, VACANCIES, DEPT OTHER-BASIC, SCI
AGGREGATE	1828	FULL-TIME FACULTY ASST-PROFS, VACANCIES, DEPT TOTAL BASIC-SCI.
AGGREGATE	1829	FULL-TIME FACULTY INSTRUCTORS, VAC, IN DEPT ANATOMY.
AGGREGATE	1830	FULL-TIME FACULTY INSTRUCTORS, VAC, IN DEPT BIOCHEMISTRY.
AGGREGATE	1831	FULL-TIME FACULTY INSTRUCTORS, VAC, IN DEPT MICROBIOLOGY.
AGGREGATE	1832	FULL-TIME FACULTY INSTRUCTORS, VAC, IN DEPT PATHOLOGY.
AGGREGATE	1833	FULL-TIME FACULTY INSTRUCTORS, VAC, IN DEPT PHARMACOLOGY.
AGGREGATE	1834	FULL-TIME FACULTY INSTRUCTORS, VAC, IN DEPT PHYSIOLOGY.
AGGREGATE	1835	FULL-TIME FACULTY INSTRUCTORS, VAC, IN DEPT OTHER-BASIC, SCI
AGGREGATE	1836	FULL-TIME FACULTY INSTRUCTORS, VAC, IN DEPT TOTAL BASIC-SCI.
AGGREGATE	1837	FULL-TIME, FACULTY, VACANCIES, IN DEPT ANATOMY.
AGGREGATE	1838	FULL-TIME, FACULTY, VACANCIES, IN DEPT BIOCHEMISTRY.
AGGREGATE	1839	FULL-TIME, FACULTY, VACANCIES, IN DEPT MICROBIOLOGY.
AGGREGATE	1840	FULL-TIME, FACULTY, VACANCIES, IN DEPT PATHOLOGY.
AGGREGATE	1841	FULL-TIME, FACULTY, VACANCIES, IN DEPT PHARMACOLOGY.
AGGREGATE	1842	FULL-TIME, FACULTY, VACANCIES, IN DEPT PHYSIOLOGY.
AGGREGATE	1843	FULL-TIME, FACULTY, VACANCIES, IN DEPT OTHER-BASIC, SCIENCES
AGGREGATE	1844	FULL-TIME, FACULTY, VACANCIES, IN DEPT TOTAL BASIC-SCIENCES.
AGGREGATE	1845	F-T FACULTY VACANCIES, PROFESSORS, IN DEPT ANESTHESIOLOGY.
AGGREGATE	1846	F-T FACULTY VACANCIES, PROFESSORS, IN DEPT DERMATOLOGY.
AGGREGATE	1847	F-T FACULTY VACANCIES, PROFESSORS, IN DEPT FAMILY-MEDICINE.
AGGREGATE	1848	F-T FACULTY VACANCIES, PROFESSORS, IN DEPT MEDICINE.
AGGREGATE	1849	F-T FACULTY VACANCIES, PROFESSORS, IN DEPT NEUROLOGY.
AGGREGATE	1850	F-T FACULTY VACANCIES, PROFESSORS, IN DEPT OB-GYN.
AGGREGATE	1851	F-T FACULTY VACANCIES, PROFESSORS, IN DEPT OPHTHALMOLOGY.
AGGREGATE	1852	F-T FACULTY VACANCIES, PROFESSORS, IN DEPT ORTHOPEDICS.

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AGGREGATE	1853	F-T	FACULTY VACANCIES, PROFESSORS, IN DEPT OTOLARYNGOLOGY.
AGGREGATE	1854	F-T	FACULTY VACANCIES, PROFESSORS, IN DEPT PEDIATRICS.
AGGREGATE	1855	F-T	FACULTY VACANCIES, PROFESSORS, IN DEPT PHYSICAL-MEDICINE.
AGGREGATE	1856	F-T	FACULTY VACANCIES, PROFESSORS, IN DEPT PSYCHIATRY.
AGGREGATE	1857	F-T	FACULTY VACANCIES, PROFESSORS, IN DEPT PUB-HLTH, PREV-MED.
AGGREGATE	1858	F-T	FACULTY VACANCIES, PROFESSORS, IN DEPT RADIOLOGY.
AGGREGATE	1859	F-T	FACULTY VACANCIES, PROFESSORS, IN DEPT SURGERY.
AGGREGATE	1860	F-T	FACULTY VACANCIES, PROFESSORS, IN DEPT UROLOGY.
AGGREGATE	1861	F-T	FACULTY VACANCIES, PROFESSORS, IN DEPT OTHER-CLINICAL, SCI
AGGREGATE	1862	F-T	FACULTY VACANCIES, PROFESSORS, IN DEPT TOTAL CLIN-SCI.
AGGREGATE	1863	F-T	FACULTY VACANCIES, ASSOC-PROFS, DEPT ANESTHESIOLOGY.
AGGREGATE	1864	F-T	FACULTY VACANCIES, ASSOC-PROFS, DEPT DERMATOLOGY.
AGGREGATE	1865	F-T	FACULTY VACANCIES, ASSOC-PROFS, DEPT FAMILY-MEDICINE.
AGGREGATE	1866	F-T	FACULTY VACANCIES, ASSOC-PROFS, DEPT MEDICINE.
AGGREGATE	1867	F-T	FACULTY VACANCIES, ASSOC-PROFS, DEPT NEUROLOGY.
AGGREGATE	1868	F-T	FACULTY VACANCIES, ASSOC-PROFS, DEPT OB-GYN.
AGGREGATE	1869	F-T	FACULTY VACANCIES, ASSOC-PROFS, DEPT OPHTHALMOLOGY.
AGGREGATE	1870	F-T	FACULTY VACANCIES, ASSOC-PROFS, DEPT ORTHOPEDICS.
AGGREGATE	1871	F-T	FACULTY VACANCIES, ASSOC-PROFS, DEPT OTOLARYNGOLOGY.
AGGREGATE	1872	F-T	FACULTY VACANCIES, ASSOC-PROFS, DEPT PEDIATRICS.
AGGREGATE	1873	F-T	FACULTY VACANCIES, ASSOC-PROFS, DEPT PHYSICAL-MEDICINE.
AGGREGATE	1874	F-T	FACULTY VACANCIES, ASSOC-PROFS, DEPT PSYCHIATRY.
AGGREGATE	1875	F-T	FACULTY VACANCIES, ASSOC-PROFS, DEPT PUB-HLTH, PREV-MED.
AGGREGATE	1876	F-T	FACULTY VACANCIES, ASSOC-PROFS, DEPT RADIOLOGY.
AGGREGATE	1877	F-T	FACULTY VACANCIES, ASSOC-PROFS, DEPT SURGERY.
AGGREGATE	1878	F-T	FACULTY VACANCIES, ASSOC-PROFS, DEPT UROLOGY.
AGGREGATE	1879	F-T	FACULTY VACANCIES, ASSOC-PROFS, DEPT OTHER-CLINICAL, SCI
AGGREGATE	1880	F-T	FACULTY VACANCIES, ASSOC-PROFS, DEPT TOTAL CLIN-SCI.
AGGREGATE	1881	F-T	FACULTY VACANCIES, ASST-PROFS, DEPT ANESTHESIOLOGY.
AGGREGATE	1882	F-T	FACULTY VACANCIES, ASST-PROFS, DEPT DERMATOLOGY.
AGGREGATE	1883	F-T	FACULTY VACANCIES, ASST-PROFS, DEPT FAMILY-MEDICINE.
AGGREGATE	1884	F-T	FACULTY VACANCIES, ASST-PROFS, DEPT MEDICINE.
AGGREGATE	1885	F-T	FACULTY VACANCIES, ASST-PROFS, DEPT NEUROLOGY.
AGGREGATE	1886	F-T	FACULTY VACANCIES, ASST-PROFS, DEPT OB-GYN.
AGGREGATE	1887	F-T	FACULTY VACANCIES, ASST-PROFS, DEPT OPHTHALMOLOGY.
AGGREGATE	1888	F-T	FACULTY VACANCIES, ASST-PROFS, DEPT ORTHOPEDICS.
AGGREGATE	1889	F-T	FACULTY VACANCIES, ASST-PROFS, DEPT OTOLARYNGOLOGY.
AGGREGATE	1890	F-T	FACULTY VACANCIES, ASST-PROFS, DEPT PEDIATRICS.
AGGREGATE	1891	F-T	FACULTY VACANCIES, ASST-PROFS, DEPT PHYSICAL-MEDICINE.
AGGREGATE	1892	F-T	FACULTY VACANCIES, ASST-PROFS, DEPT PSYCHIATRY.
AGGREGATE	1893	F-T	FACULTY VACANCIES, ASST-PROFS, DEPT PUB-HLTH, PREV-MED.
AGGREGATE	1894	F-T	FACULTY VACANCIES, ASST-PROFS, DEPT RADIOLOGY.
AGGREGATE	1895	F-T	FACULTY VACANCIES, ASST-PROFS, DEPT SURGERY.
AGGREGATE	1896	F-T	FACULTY VACANCIES, ASST-PROFS, DEPT UROLOGY.
AGGREGATE	1897	F-T	FACULTY VACANCIES, ASST-PROFS, DEPT OTHER-CLINICAL, SCIENCE
AGGREGATE	1898	F-T	FACULTY VACANCIES, ASST-PROFS, DEPT TOTAL CLIN-SCI.
AGGREGATE	1899	F-T	FACULTY VACANCIES, INSTRUCTORS, DEPT ANESTHESIOLOGY.
AGGREGATE	1900	F-T	FACULTY VACANCIES, INSTRUCTORS, DEPT DERMATOLOGY.
AGGREGATE	1901	F-T	FACULTY VACANCIES, INSTRUCTORS, DEPT FAMILY-MEDICINE.
AGGREGATE	1902	F-T	FACULTY VACANCIES, INSTRUCTORS, DEPT MEDICINE.
AGGREGATE	1903	F-T	FACULTY VACANCIES, INSTRUCTORS, DEPT NEUROLOGY.

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AGGREGATE	1904	F-T FACULTY VACANCIES, INSTRUCTORS, DEPT OB-GYN.
AGGREGATE	1905	F-T FACULTY VACANCIES, INSTRUCTORS, DEPT OPHTHALMOLOGY.
AGGREGATE	1906	F-T FACULTY VACANCIES, INSTRUCTORS, DEPT ORTHOPEDICS.
AGGREGATE	1907	F-T FACULTY VACANCIES, INSTRUCTORS, DEPT OTOLARYNGOLOGY.
AGGREGATE	1908	F-T FACULTY VACANCIES, INSTRUCTORS, DEPT PEDIATRICS.
AGGREGATE	1909	F-T FACULTY VACANCIES, INSTRUCTORS, DEPT PHYSICAL-MEDICINE.
AGGREGATE	1910	F-T FACULTY VACANCIES, INSTRUCTORS, DEPT PSYCHIATRY.
AGGREGATE	1911	F-T FACULTY VACANCIES, INSTRUCTORS, DEPT PUB-HLTH, PREV-MED.
AGGREGATE	1912	F-T FACULTY VACANCIES, INSTRUCTORS, DEPT RADIOLOGY.
AGGREGATE	1913	F-T FACULTY VACANCIES, INSTRUCTORS, DEPT SURGERY.
AGGREGATE	1914	F-T FACULTY VACANCIES, INSTRUCTORS, DEPT UROLOGY.
AGGREGATE	1915	F-T FACULTY VACANCIES, INSTRUCTORS, DEPT OTHER-CLINICAL, SCI
AGGREGATE	1916	F-T FACULTY VACANCIES, INSTRUCTORS, DEPT TOTAL CLIN-SCI.
AGGREGATE	1917	F-T FACULTY VACANCIES, IN DEPT ANESTHESIOLOGY.
AGGREGATE	1918	F-T FACULTY VACANCIES, IN DEPT DERMATOLOGY.
AGGREGATE	1919	F-T FACULTY VACANCIES, IN DEPT FAMILY-MEDICINE.
AGGREGATE	1920	F-T FACULTY VACANCIES, IN DEPT MEDICINE.
AGGREGATE	1921	F-T FACULTY VACANCIES, IN DEPT NEUROLOGY.
AGGREGATE	1922	F-T FACULTY VACANCIES, IN DEPT OB-GYN.
AGGREGATE	1923	F-T FACULTY VACANCIES, IN DEPT OPHTHALMOLOGY.
AGGREGATE	1924	F-T FACULTY VACANCIES, IN DEPT ORTHOPEDICS.
AGGREGATE	1925	F-T FACULTY VACANCIES, IN DEPT OTOLARYNGOLOGY.
AGGREGATE	1926	F-T FACULTY VACANCIES, IN DEPT PEDIATRICS.
AGGREGATE	1927	F-T FACULTY VACANCIES, IN DEPT PHYSICAL-MEDICINE.
AGGREGATE	1928	F-T FACULTY VACANCIES, IN DEPT PSYCHIATRY.
AGGREGATE	1929	F-T FACULTY VACANCIES, IN DEPT PUB-HLTH, PREV-MED.
AGGREGATE	1930	F-T FACULTY VACANCIES, IN DEPT RADIOLOGY.
AGGREGATE	1931	F-T FACULTY VACANCIES, IN DEPT SURGERY.
AGGREGATE	1932	F-T FACULTY VACANCIES, IN DEPT UROLOGY.
AGGREGATE	1933	F-T FACULTY VACANCIES, IN DEPT OTHER-CLINICAL, SCIENCES
AGGREGATE	1934	F-T FACULTY VACANCIES, IN DEPT TOTAL ALL CLINICAL-SCIENCES.
BY SCHOOL	1965	TUITION, EXPENSES, FOR IN STATE, MED-STUDENTS. 1973-74
BY SCHOOL	1966	TUITION, EXPENSES, FOR OUT OF STATE, MED-STUDENTS. 1973-74
BY SCHOOL	1967	TUITION, EXPENSES, FOR IN STATE, MED-STUDENTS. 1974-75
BY SCHOOL	1968	TUITION, EXPENSES, FOR OUT OF STATE, MED-STUDENTS. 1974-75
BY SCHOOL	1969	FEES, EXPENSES, FOR MED-STUDENTS, EXCLUDING TUITION. 1973-74
BY SCHOOL	1970	ENROLLMENT, NUMBER IN STATE, MED-STUDENTS. 1973-74
BY SCHOOL	1971	ENROLLMENT, NUMBER OUT OF STATE, MED-STUDENTS. 1973-74
BY SCHOOL	1972	FEES, EXPENSES, FOR MED-STUDENTS, EXCLUDING TUITION. 1974-75
BY SCHOOL	1973	EST ENROLLMENT, NUMBER IN STATE, MED-STUDENTS. 1974-75
BY SCHOOL	1974	EST ENROLLMENT, NUMBER OUT OF STATE, MED-STUDENTS. 1974-75
	1975	MED-STUDENTS REQUESTING AID, FIRST-YEAR.
	1976	MED-STUDENTS REQUESTING AID, MIDDLE-YEARS., SECOND YEAR
	1977	MED-STUDENTS REQUESTING AID, MIDDLE-YEARS., THIRD YEAR
	1978	MED-STUDENTS REQUESTING AID, FINAL-YEAR.
	1979	TOTAL MED-STUDENTS, REQUESTING AID
	1980	MED-STUDENTS NEEDING AID, (SCH DETRMD) FIRST-YEAR.
	1981	MED-STUDENTS NEEDING AID, (SCH DETRMD) MIDDLE-YEARS. 2ND YR
	1982	MED-STUDENTS NEEDING AID, (SCH DETRMD) MIDDLE-YEARS. 3RD YR
	1983	MED-STUDENTS NEEDING AID, (SCH DETRMD) FINAL-YEAR.
	1984	TOTAL MED-STUDENTS, NEEDING AID, (DETERMINED BY SCHOOL)

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1985 MED-STUDENTS RECEIVING AID, FIRST-YEAR.
 1986 MED-STUDENTS RECEIVING AID, MIDDLE-YEARS., SECOND YEAR
 1987 MED-STUDENTS RECEIVING AID, MIDDLE-YEARS., THIRD YEAR
 1988 MED-STUDENTS RECEIVING AID, FINAL-YEAR.
 1989 TOTAL, MED-STUDENTS, RECEIVING AID.
 2029 # MED-STUDENTS, RECVG AID, LOAN, FUNDS - AMA-ERF LOANS
 2030 # MED-STUDENTS, RECVG AID, LOAN, FUNDS - GUARANTEED BANK LOANS
 2031 # MED-STUDENTS, RECVG AID, LOAN, FUNDS - OTHER LOANS
 2032 # MED-STUDENTS, RECVG AID, SCHOLARSHIPS, FUNDS - AF HLTH PROFSNS
 2033 # MED-STUDENTS, RECVG AID, SCHOLARSHIPS, FUNDS - PUB HLTH SERV
 2034 # MED-STUDENTS, RECVG AID, SCHOLARSHIPS, FUNDS - NAT MED FELLOWS
 2035 # MED-STUDENTS, RECVG AID, SCHOLARSHIPS, FUNDS - OTHERS
 2036 # MED-STUDENTS, RECEIVING AID, FUNDS - LOAN, ONLY
 2037 # MED-STUDENTS, RECEIVING AID, FUNDS - SCHOLARSHIPS, ONLY
 2038 # MED-STUDENTS, RECEIVING AID, FUNDS - SCHOLARSHIPS, & LOAN.
 2039 AVERAGE EXPENSES, MED-STUDENTS, IN STATE, UNMARRIED
 2040 AVERAGE EXPENSES, MED-STUDENTS, IN STATE, MARRIED, 0 CHILD
 2041 AVERAGE EXPENSES, MED-STUDENTS, IN STATE, MARRIED, 1 CHILD
 2042 AVERAGE EXPENSES, MED-STUDENTS, IN STATE, MARRIED, >1 CHILD
 2043 AVERAGE EXPENSES, MED-STUDENTS, OUT OF STATE, UNMARRIED.
 2044 AVERAGE EXPENSES, MED-STUDENTS, OUT OF STATE, MARRIED, 0 CHILD
 2045 AVERAGE EXPENSES, MED-STUDENTS, OUT OF STATE, MARRIED, 1 CHILD
 2046 AVERAGE EXPENSES, MED-STUDENTS, OUT OF STATE, MARRIED, >1 CHILD
 2047 DOCUMENTED MED-STUDENTS IN DEBT. >\$15,000 FIRST-YEAR.
 2048 DOCUMENTED MED-STUDENTS IN DEBT. >\$15,000 MIDDLE-YEARS.
 2049 DOCUMENTED MED-STUDENTS IN DEBT. >\$15,000 FINAL-YEAR.
 2050 ESTIMATED MED-STUDENTS IN DEBT. >\$15,000 FIRST-YEAR.
 2051 ESTIMATED MED-STUDENTS IN DEBT. >\$15,000 MIDDLE-YEARS.
 2052 ESTIMATED MED-STUDENTS IN DEBT. >\$15,000 FINAL-YEAR.
 2053 DCMTD MED-STUDENTS MAX GUAR STUDENT LOAN, AID, FIRST-YEAR.
 2054 DCMTD MED-STUDENTS MAX GUAR STUDENT LOAN, AID, MIDDLE-YEARS.
 2055 DCMTD MED-STUDENTS MAX GUAR STUDENT LOAN, AID, FINAL-YEAR.
 2056 ESTMD MED-STUDENTS MAY GUAR STUDENT LOAN, AID, FIRST-YEAR.
 2057 ESTMD MED-STUDENTS MAY GUAR STUDENT LOAN, AID, MIDDLE-YEARS.
 2058 ESTMD MED-STUDENTS MAY GUAR STUDENT LOAN, AID, FINAL-YEAR.
 2059 CURRICULUM, -MINIMUM NUMBER MONTHS INSTRUCTION FOR MD-DEGREE.
 2060 CURRICULUM, -CAN MD-DEGREE, BE EARNED IN < TRADNL 4 YEAR SPAN?
 2061 CURRICULUM, -YEAR MD-DEGREE, PROG < 4YR PROGRAM BEGAN
 2062 CURRICULUM, -IS 3-YEAR, MD-DEGREE, PROGRAM MANDATORY FOR ALL?
 2063 CURRICULUM, - X MED-STUDENTS, IN 3-YEAR, MD-DEGREE, PROGRAM
 2064 CURRICULUM, - X MED-STUDENTS, IN 4-YEAR MD-DEGREE, PROGRAM
 2065 CURRICULUM, - X MED-STUDENTS, IN OTHER MD-DEGREE, PROGRAM
 2066 HAVE FAMILY-MEDICINE-TRAINING, PROGRAM FOR MED-STUDENTS, ?
 2067 FAMILY-MEDICINE-TRAINING, HAS FAMILY MED ADMINISTRATION UNIT
 2068 NAME OF FAMILY-MEDICINE-TRAINING, ADMINISTRATIVE UNIT
 2069 PERSON RESPONSIBLE FOR FAMILY-MEDICINE-TRAINING, ADMIN UNIT
 2070 TYPE OF FAMILY-MEDICINE-TRAINING, ADMINISTRATIVE UNIT
 2071 HAVE FORMAL PRIMARY-CARE, PROG FOR MED-STUDENTS, (NOT FAM MED)
 2072 ADMINISTRATIVE UNIT OF PRIMARY-CARE, PROG FOR MED-STUDENTS.
 2073 IS PRIMARY-CARE, PROG FOR MED-STUDENTS, ADMIN A DIV OF A DEPT?
 2074 WHAT DEPT IS PRIMARY-CARE, UNIT FOR MED-STUDENTS, A DIV OF?

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- 2075 IS PRIMARY-CARE.PROG FOR MED-STUDENTS.ADMIN UNIT INTERDEPT
- 2076 CURRICULUM.HOW MANY REQUIRED CLERKSHIPS.?
- 2077 CURRICULUM.REQUIRED CLERKSHIPS. FAMILY-MEDICINE.?
- 2078 CURRICULUM.REQUIRED CLERKSHIPS. INT MEDICINE.?
- 2079 CURRICULUM.REQUIRED CLERKSHIPS. OB-GYN.?
- 2080 CURRICULUM.REQUIRED CLERKSHIPS. PEDIATRICS.?
- 2081 CURRICULUM.REQUIRED CLERKSHIPS. PSYCHIATRY.?
- 2082 CURRICULUM.REQUIRED CLERKSHIPS. SURGERY.?
- 2083 CURRICULUM.REQUIRED CLERKSHIPS. OTHERS?
- 2084 MED-STUDENTS.REQUIRED TO TAKE NATIONAL-BOARDS. PART I
- 2085 MED-STUDENTS.REQUIRED TO TAKE NATIONAL-BOARDS. PART II
- 2086 MED-STUDENTS.PASSING NATIONAL-BOARDS.PT1/REQ TO ADVANCE-GRAD
- 2087 MED-STUDENTS.PASSING NATIONAL-BOARDS.PT2/REQ TO ADVANCE-GRAD
- 2088 MED-STUDENTS.PASSING NATIONAL-BOARDS.PT1/FACTOR TO ADVANCE
- 2089 MED-STUDENTS.PASSING NATIONAL-BOARDS.PT2/FACTOR TO ADVANCE
- 2090 NATIONAL-BOARDS.PT1 SCORES USED TO EVALUATE EDUCATIONAL PROG
- 2091 NATIONAL-BOARDS.PT2 SCORES USED TO EVALUATE EDUCATIONAL PROG
- 2092 GRADING.OF REQUIRED-COURSES.OF MED-STUDENTS./ PASS-FAIL
- 2093 GRADING.OF REQUIRED-COURSES.OF MED-STUDENTS./ HONS-PASS-FAIL
- 2094 GRADING.OF REQUIRED-COURSES.OF MED-STUDENTS./ H-P-INC-FAIL
- 2095 GRADING.OF REQUIRED-COURSES.OF MED-STUDENTS./ NARRATIVE EVAL
- 2096 GRADING.OF REQUIRED-COURSES.OF MED-STUDENTS./ LETTER GRADE
- 2097 GRADING.OF REQUIRED-COURSES.OF MED-STUDENTS./ NUMBER GRADE
- 2098 GRADING.OF ELECTIVE-COURSES./PASS-FAIL
- 2099 GRADING.OF ELECTIVE-COURSES./HONORS-PASS-FAIL
- 2100 GRADING.OF ELECTIVE-COURSES./HONORS-PASS-INC-FAIL
- 2101 GRADING.OF ELECTIVE-COURSES./NARRATIVE EVALUATION
- 2102 GRADING.OF ELECTIVE-COURSES./LETTER GRADE
- 2103 GRADING.OF ELECTIVE-COURSES./NUMBER GRADE
- 2104 GRADING.OF CLERKSHIPS./PASS-FAIL
- 2105 GRADING.OF CLERKSHIPS./HONORS-PASS-FAIL
- 2106 GRADING.OF CLERKSHIPS./HONORS-PASS-INC-FAIL
- 2107 GRADING.OF CLERKSHIPS./NARRATIVE EVALUATION
- 2108 GRADING.OF CLERKSHIPS./LETTER GRADE
- 2109 GRADING.OF CLERKSHIPS./NUMBER GRADE
- 2110 GRADING.OF COURSES.BY CLASS RANK IN EACH COURSE
- 2111 GRADING.OF COURSES.BY COMPOSITE CLASS RANK BY YEAR
- 2112 GRADING.OF COURSES.BY OTHER SYSTEM
- 2113 GRADING.REPORT TO MED-STUDENTS.QUANTIVE BASIC-SCI.COURSES.
- 2114 GRADING.REPORT TO MED-STUDENTS.QUANTITATIVE CLERKSHIPS.
- 2115 GRADING.REPORT TO MED-STUDENTS.QUANTITATIVE ELECTIVE-COURSES.
- 2116 GRADING.REPORT TO MED-STUDENTS.NARRATIVE BASIC-SCI.COURSES.
- 2117 GRADING.REPORT TO MED-STUDENTS.NARRATIVE CLERKSHIPS.
- 2118 GRADING.REPORT TO MED-STUDENTS.NARRATIVE ELECTIVE-COURSES.
- 2119 GRADING.REPORT TO MED-STUDENTS.OTHER THAN QUANTVE OR NARRTVE
- 2120 GRADING.REPORTS ARE ACCESSIBLE TO MED-STUDENTS.ON REQUEST?
- 2121 ETHNIC AFRO-AMERICAN.MALE.MED-STUDENTS.ADMITTED 1971-72
- 2122 ETHNIC AFRO-AMERICAN.FEMALE.MED-STUDENTS.ADMITTED 1971-72
- 2123 ETHNIC AMERICAN-INDIAN.MALE.MED-STUDENTS.ADMITTED 1971-72
- 2124 ETHNIC AMERICAN-INDIAN.FEMALE.MED-STUDENTS.ADMITTED 1971-72
- 2125 ETHNIC MEXICAN-AMERICAN.MALE.MED-STUDENTS.ADMITTED 1971-72

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UNRESTRICTED DATABASE VARIABLES

PUBLISHED NUMBER DESCRIPTION

DATA FROM 1973-74 LIASON COMMITTEE QUESTIONNAIRE, PART II

	2126	ETHNIC MEXICAN-AMERICAN.FEMALE.MED-STUDENTS.ADMITTED 1971-72
	2127	ETHNIC PUERTO-RICAN.MALE.MED-STUDENTS.ADMITTED 1971-72
	2128	ETHNIC PUERTO-RICAN.FEMALE.MED-STUDENTS.ADMITTED 1971-72
	2129	ETHNIC ALL OTHER MALE.MED-STUDENTS.ADMITTED 1971-72
	2130	ETHNIC ALL OTHER FEMALE.MED-STUDENTS.ADMITTED 1971-72
	2209	ETHNIC ALL OTHERS MALE.MED-STUDENTS.ADM 73-74 & GRAD 74
	2210	ETHNIC ALL OTHERS FEMALE.MED-STUDENTS.ADM 73-74 & GRAD 74
AGGREGATE	2211	WHAT IS ADMINISTRATION OF MED-COLLEGE LIBRARIES.?
AGGREGATE	2212	NUMBER OF STAFF IN MED-COLLEGE LIBRARIES.-PROFESSIONAL F-T
AGGREGATE	2213	NUMBER OF STAFF IN MED-COLLEGE LIBRARIES.-NON-PROFESSNL F-T
AGGREGATE	2214	NUMBER OF STAFF IN MED-COLLEGE LIBRARIES.-PART-TIME
AGGREGATE	2215	MED-COLLEGE LIBRARIES.-TO WHOM DOES LIBRARIAN REPORT?
AGGREGATE	2216	MED-COLLEGE LIBRARIES.-LIBRARIAN HAS FACULTY APPT IN
AGGREGATE	2217	MED-COLLEGE LIBRARIES.-LIBRARIAN IS MEMBER FACULTY EXEC COMM
AGGREGATE	2223	MED-COLLEGE LIBRARIES.-TOTAL VOLUMES
AGGREGATE	2224	MED-COLLEGE LIBRARIES.-ACQUISITIONS
AGGREGATE	2225	MED-COLLEGE LIBRARIES.-TOTAL SERIAL TITLES RECEIVED
	2226	MED-COLLEGE LIBRARIES.- HAVE AUDIO TAPES
	2227	MED-COLLEGE LIBRARIES.- HAVE VIDEO TAPES
	2228	MED-COLLEGE LIBRARIES.- HAVE MOVIE FILMS
	2229	MED-COLLEGE LIBRARIES.- HAVE FILM STRIPS
	2230	MED-COLLEGE LIBRARIES.- HAVE SLIDES
	2231	MED-COLLEGE LIBRARIES.- CASSETTES
	2232	MED-COLLEGE LIBRARIES.- EQUIP&SPACE FOR NON-PRINTED HOLDINGS
	2233	MED-COLLEGE LIBRARIES.- NO NON-PRINTED HOLDINGS;GET ON REQST
	2234	MED-COLLEGE LIBRARIES.-AUTO INFO RET- DIRECT ACCESS COMPUTER
	2235	MED-COLLEGE LIBRARIES.-AUTO INFO RET- COMPUTER PROCESSING
	2236	MED-COLLEGE LIBRARIES.-AUTO INFO RET- PUNCH CARD PROC (EAM)
	2237	MED-COLLEGE LIBRARIES.-AUTO INFO RET- MANUAL CARD SYSTEM
	2238	MED-COLLEGE LIBRARIES.-AUTO INFO RET- MEDLARS
	2239	MED-COLLEGE LIBRARIES.-AUTO INFO RET- MEDLINE
	2240	MED-COLLEGE LIBRARIES.-AUTO INFO RET- SOME OTHER
	2241	MED-COLLEGE LIBRARIES.-PROVIDE SERV TO OTHERS(NOT FAC & STU)
BY SCHOOL	3130	TOTAL GRAD-STUDENTS.MASTERS.& DOCTORATE.CAND BASIC-SCI.
BY SCHOOL	3131	TOTAL GRAD-STUDENTS.MASTERS.& DOCTORATE.CONFRD BASIC-SCI.
AGGREGATE	3132	TOTAL.FULL-TIME.FACULTY.IN ALL DEPT
AGGREGATE	3135	TOTAL.VOLUNTEER.FACULTY.IN ALL DEPT
AGGREGATE	3136	TOTAL.PART-TIME.FACULTY.IN ALL DEPT
BY SCHOOL	3137	TOTAL GRADUATE-STUDENTS.NON-DEGREE.CANDIDATES BASIC-SCI.
BY SCHOOL	3138	TOTAL OTHER STUDENTS.INSTRUCTED BY MED FACULTY.

DATA FROM 1967-74 NIH DIV OF RESEARCH GRANTS IRS F258

AGGREGATE	2242	NIH.AWARDS.PROGR-PROJECTS & CENTER GRANTS.(\$1000) 1967-68
AGGREGATE	2243	NIH.AWARDS.PROGR-PROJECTS & CENTER GRANTS.(\$1000) 1968-69
AGGREGATE	2244	NIH.AWARDS.PROGR-PROJECTS & CENTER GRANTS.(\$1000) 1969-70
AGGREGATE	2245	NIH.AWARDS.PROGR-PROJECTS & CENTER GRANTS.(\$1000) 1970-71
AGGREGATE	2246	NIH.AWARDS.PROGR-PROJECTS & CENTER GRANTS.(\$1000) 1971-72
AGGREGATE	2247	NIH.AWARDS.PROGR-PROJECTS & CENTER GRANTS.(\$1000) 1972-73
AGGREGATE	2248	NIH.AWARDS.PROGR-PROJECTS & CENTER GRANTS.(\$1000) 1973-74
AGGREGATE	2249	NIH.AWARDS.RESEARCH.GRANTS.(\$1000) 1967-68

UNRESTRICTED DATABASE VARIABLES**

PUBLISHED NUMBER DESCRIPTION

DATA FROM 1973-74 LIASON COMMITTEE QUESTIONNAIRE, PART II

BY SCHOOL

2151	ETHNIC	AFRO-AMERICAN, MALE	MED-STUDENTS, ADMITTED	1972-73
2152	ETHNIC	AFRO-AMERICAN, F.	MED-STUDENTS, ADMITTED	1972-73
2153	ETHNIC	AMERICAN-INDIAN, M.	MED-STUDENTS, ADMITTED	1972-73
2154	ETHNIC	AMERICAN-INDIAN, F.	MED-STUDENTS, ADMITTED	1972-73
2155	ETHNIC	MEXICAN-AMERICAN, M.	MED-STUDENTS, ADMITTED	1972-73
2156	ETHNIC	MEXICAN-AMERICAN, F.	MED-STUDENTS, ADMITTED	1972-73
2157	ETHNIC	PUERTO-RICAN, MALE	MED-STUDENTS, ADMITTED	1972-73
2158	ETHNIC	PUERTO-RICAN, FEMALE	MED-STUDENTS, ADMITTED	1972-73
2159	ETHNIC	ALL OTHER MALE	MED-STUDENTS, ADMITTED	1972-73
2160	ETHNIC	ALL OTHER FEMALE	MED-STUDENTS, ADMITTED	1972-73
2181	ETHNIC	AFRO-AMERICAN, MALE	MED-STUDENTS, ADMITTED	1973-74
2182	ETHNIC	AFRO-AMERICAN, FEMALE	MED-STUDENTS, ADMITTED	1973-74
2183	ETHNIC	AMERICAN-INDIAN, MALE	MED-STUDENTS, ADMITTED	1973-74
2184	ETHNIC	AMERICAN-INDIAN, F.	MED-STUDENTS, ADMITTED	1973-74
2185	ETHNIC	MEXICAN-AMERICAN, M.	MED-STUDENTS, ADMITTED	1973-74
2186	ETHNIC	MEXICAN-AMERICAN, F.	MED-STUDENTS, ADMITTED	1973-74
2187	ETHNIC	PUERTO-RICAN, MALE	MED-STUDENTS, ADMITTED	1973-74
2188	ETHNIC	PUERTO-RICAN, FEMALE	MED-STUDENTS, ADMITTED	1973-74
2189	ETHNIC	ALL OTHERS MALE	MED-STUDENTS, ADMITTED	1973-74
2190	ETHNIC	ALL OTHERS FEMALE	MED-STUDENTS, ADMITTED	1973-74

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UNRESTRICTED DATABASE VARIABLES

PUBLISHED NUMBER DESCRIPTION

DATA FROM 1967-74 NIH DIV OF RESEARCH GRANTS IRS F258

AGGREGATE	2250	NIH.AWARDS.RESEARCH.GRANTS.(\$1000)	1968-69
AGGREGATE	2251	NIH.AWARDS.RESEARCH.AWARDS.(\$1000)	1969-70
AGGREGATE	2252	NIH.AWARDS.RESEARCH.GRANTS.(\$1000)	1970-71
AGGREGATE	2253	NIH.AWARDS.RESEARCH.GRANTS.(\$1000)	1971-72
AGGREGATE	2254	NIH.AWARDS.RESEARCH.GRANTS.(\$1000)	1972-73
AGGREGATE	2255	NIH.AWARDS.RESEARCH.GRANTS.(\$1000)	1973-74

DATA FROM 1974-75 AAMC FALL ENROLLMENT QUESTIONNAIRE, 1974

AGGREGATE	2263	ENROLLMENT.MED-STUDENTS	1ST-YR.ETHNIC	AFRO-AMERICAN.MALE.
AGGREGATE	2264	ENROLLMENT.MED-STUDENTS	1ST-YR.ETHNIC	AFRO-AMERICAN.FEMALE.
AGGREGATE	2265	ENROLLMENT.MED-STUDENTS	1ST-YR.ETHNIC	AMERICAN-INDIAN.MALE.
AGGREGATE	2266	ENROLLMENT.MED-STUDENTS	1ST-YR.ETHNIC	AMERICAN-INDIAN.F.
AGGREGATE	2267	ENROLLMENT.MED-STUDENTS	1ST-YR.ETHNIC	CAUCASIAN.MALE.
AGGREGATE	2268	ENROLLMENT.MED-STUDENTS	1ST-YR.ETHNIC	CAUCASIAN.FEMALE.
AGGREGATE	2269	ENROLLMENT.MED-STUDENTS	1ST-YR.ETHNIC	MEXICAN-AMERICAN.MALE.
AGGREGATE	2270	ENROLLMENT.MED-STUDENTS	1ST-YR.ETHNIC	MEXICAN-AMERICAN.F.
AGGREGATE	2271	ENROLLMENT.MED-STUDENTS	1ST-YR.ETHNIC	ORIENTAL-AMERICAN.M.
AGGREGATE	2272	ENROLLMENT.MED-STUDENTS	1ST-YR.ETHNIC	ORIENTAL-AMERICAN.F.
AGGREGATE	2273	ENROLLMENT.MED-STUDENTS	1ST-YR.ETHNIC	PUERTO-RICAN.MALE.
AGGREGATE	2274	ENROLLMENT.MED-STUDENTS	1ST-YR.ETHNIC	PUERTO-RICAN.FEMALE.
AGGREGATE	2275	ENROLLMENT.MED-STUDENTS	1ST-YR.ETHNIC	OTHER AMERICAN MALE.
AGGREGATE	2276	ENROLLMENT.MED-STUDENTS	1ST-YR.ETHNIC	OTHER AMERICAN FEMALE.
AGGREGATE	2277	ENROLLMENT.MED-STUDENTS	1ST-YR.FOREIGN.	MALE.
AGGREGATE	2278	ENROLLMENT.MED-STUDENTS	1ST-YR.FOREIGN.	FEMALE.
BY SCHOOL	2279	ENROLLMENT.MED-STUDENTS	1ST-YR.TOTAL	MALE.
BY SCHOOL	2280	ENROLLMENT.MED-STUDENTS	1ST-YR.TOTAL	FEMALE.
BY SCHOOL	2281	ENROLLMENT.MED-STUDENTS	1ST-YR.TOTAL.	ALL
AGGREGATE	2282	ENROLLMENT.MED-STUDENTS.TOTAL	ETHNIC	AFRO-AMERICAN.
AGGREGATE	2283	ENROLLMENT.MED-STUDENTS.TOTAL	ETHNIC	AFRO-AMERICAN.
AGGREGATE	2284	ENROLLMENT.MED-STUDENTS.TOTAL	ETHNIC	AMERICAN-INDIAN.MALE.
AGGREGATE	2285	ENROLLMENT.MED-STUDENTS.TOTAL	ETHNIC	AMERICAN-INDIAN.FEMALE.
AGGREGATE	2286	ENROLLMENT.MED-STUDENTS.TOTAL	ETHNIC	CAUCASIAN.MALE.
AGGREGATE	2287	ENROLLMENT.MED-STUDENTS.TOTAL	ETHNIC	CAUCASIAN.FEMALE.
AGGREGATE	2288	ENROLLMENT.MED-STUDENTS.TOTAL	ETHNIC	MEXICAN-AMERICAN.MALE.
AGGREGATE	2289	ENROLLMENT.MED-STUDENTS.TOTAL	ETHNIC	MEXICAN-AMERICAN.F.
AGGREGATE	2290	ENROLLMENT.MED-STUDENTS.TOTAL	ETHNIC	ORIENTAL-AMERICAN.MALE.
AGGREGATE	2291	ENROLLMENT.MED-STUDENTS.TOTAL	ETHNIC	ORIENTAL-AMERICAN.F.
AGGREGATE	2292	ENROLLMENT.MED-STUDENTS.TOTAL	ETHNIC	PUERTO-RICAN.MALE.
AGGREGATE	2293	ENROLLMENT.MED-STUDENTS.TOTAL	ETHNIC	PUERTO-RICAN.FEMALE.
AGGREGATE	2294	ENROLLMENT.MED-STUDENTS.TOTAL	ETHNIC	OTHER AMERICAN MALE.
AGGREGATE	2295	ENROLLMENT.MED-STUDENTS.TOTAL	ETHNIC	OTHER AMERICAN FEMALE.
BY SCHOOL	2296	ENROLLMENT.MED-STUDENTS.TOTAL	FOREIGN.	MALE.
BY SCHOOL	2297	ENROLLMENT.MED-STUDENTS.TOTAL	FOREIGN.	FEMALE.
BY SCHOOL	2298	ENROLLMENT.MED-STUDENTS.TOTAL	ALL	MALE.
BY SCHOOL	2299	ENROLLMENT.MED-STUDENTS.TOTAL	ALL	FEMALE.
BY SCHOOL	2300	ENROLLMENT.MED-STUDENTS.TOTAL	ALL	ALL

PUBLISHED NUMBER DESCRIPTION

DATA FROM 1974 SCHOOL GROUPS FROM AAMC INFO SUMMRZD PER R. LAMBSON

BY SCHOOL 2845 COMPONENT SCHOOLS IN MED-COLLEGE ORGANIZATION.
 BY SCHOOL 2846 ORGANIZATION, STRUCTURE OF MED-COLLEGE
 BY SCHOOL 2847 MED-COLLEGE TYPE & HOSPITAL.
 AGGREGATE 3312 MED-COLLEGE DEAN.- TENURE, IN OFFICE -

DATA FROM 1974-76 DATA FROM DEANS MEMO #75-7, FEBRUARY 11, 1975

BY SCHOOL 2848 TUITION, EXPENSES, FOR 1ST-YR, MED-STUDENTS -IN STATE, 1974-75
 BY SCHOOL 2849 TUITION, EXPENSES, FOR 1ST-YR, MED-STUDENTS -OUT STATE, 1974-75
 BY SCHOOL 2850 TUITION, EXPENSES, MED-STUDENTS, OTHER YEARS -IN STATE, 1974-75
 BY SCHOOL 2851 TUITION, EXPENSES, MED-STUDENTS, OTHER YEARS -OUT STATE, 1974-75
 BY SCHOOL 2852 ROOM&BOARD EXPENSES, FOR MED-STUDENTS, 1974-75
 BY SCHOOL 2853 BOOKS EXPENSES, OF MED-STUDENTS, 1974-75
 BY SCHOOL 2854 FEES, EXCLUDING TUITION, FOR MED-STUDENTS, 1974-75
 BY SCHOOL 2855 TUITION, EXPENSES, FOR 1ST-YR, MED-STUDENTS -IN STATE, 1975-76
 BY SCHOOL 2856 TUITION, EXPENSES, FOR 1ST-YR, MED-STUDENTS -OUT STATE, 1975-76
 BY SCHOOL 2857 TUITION, EXPENSES, MED-STUDENTS, OTHER YEARS -IN STATE, 1975-76
 BY SCHOOL 2858 TUITION, EXPENSES, MED-STUDENTS, OTHER YEARS -OUT STATE, 1975-76
 BY SCHOOL 2859 ROOM&BOARD EXPENSES, OF MED-STUDENTS, 1975-76
 BY SCHOOL 2860 BOOKS EXPENSES, OF MED-STUDENTS, 1975-76
 BY SCHOOL 2861 FEES, EXCLUDING TUITION, FOR MED-STUDENTS, 1975-76

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DATA FROM 1973 HLTH SRVCS DELIVERY & PRIMARY CARE EDUCATION QUESTIONNAIRE

UNRESTRICTED
 AGGREGATE 0378 ANY CURRENT PLANS TO ESTABLISH A HMO.
 AGGREGATE 0379 SERIOUSLY CONSIDERING ESTABLISHMENT OF A HMO.
 AGGREGATE 0380 NO CURRENT PLANS TO ESTABLISH A HMO.
 AGGREGATE 0396 RECVG EXTRAMURAL FUNDS IN TRAINING NEW-HEALTH-PRACTITIONERS.
 AGGREGATE 0404 PLANS TO ESTABLISH FAMILY-MEDICINE-TRAINING PROGRAM
 AGGREGATE 0408 RECVG EXTRAMURAL FUNDS FOR FAMILY-MEDICINE-TRAINING PROGRAM
 AGGREGATE 0423 DOLLAR AMT OF BUDGETED HEALTH-CARE-RESEARCH PROGRAMS

DATA FROM 1972-73 LIASON COMMITTEE QUESTIONNAIRE, PART I

UNRESTRICTED CONF. UNRESTRICTED
 1094 MED-COLLEGE-REVENUES.- GIFTS. - ALUMNI
 1095 MED-COLLEGE-REVENUES.- GIFTS. - FOUNDATIONS
 1096 MED-COLLEGE-REVENUES.- GIFTS. - BUSINESS OR INDUSTRY
 1097 MED-COLLEGE-REVENUES.- GIFTS. - OTHERS
 AGGREGATE 1098 MED-COLLEGE-REVENUES.- GIFTS. - TOTAL OF ALL
 AGGREGATE 1112 MC-REVENUES, INDIRECT-COSTS, RECOVERY FEDERAL GOVT PROGRAMS
 1113 MC-REVENUES, INDIRECT-COSTS, RECOVERY STATE, LOCAL PROGRAMS
 1114 MC-REVENUES, INDIRECT-COSTS, RECOVERY NON-GOVT, PROGRAMS
 AGGREGATE 1115 MC-REVENUES, TOTAL INDIRECT-COSTS, RECOVERY
 AGGREGATE 1116 MED-COLLEGE-REVENUES.- SALES & SERVICES, OF EDUC DEPARTMENTS
 1117 MC-REVENUES.- ORG ACTIVITIES SERVICES, RELATED TO EDUC DEPTS
 1119 MED-COLLEGE-REVENUES.- ALL OTHER SOURCES
 AGGREGATE 1120 MED-COLLEGE-REVENUES.- TOTAL OF ALL OF THE SOURCES
 1121 MED-COLLEGE-REVENUES.- TOTAL OF ALL SOURCES UNRESTRICTED.
 1122 MED-COLLEGE-REVENUES.- TOTAL OF ALL SOURCES RESTRICTED.
 1123 MC-EXPENDITURES, DEPT RESEARCH & INSTRUCTIONAL-COST, MEDICINE.
 1124 MC-EXPENDITURES, DEPT RESEARCH & INSTRUCTIONAL-COST, TOTAL ALL
 1125 MC-EXPENDITURES.- ORG ACTIVITIES SERVICES, RELTD TO EDUC DEPTS
 1127 MED-COLLEGE-EXPENDITURES.- TOTAL SEPARATELY BUDGTD RESEARCH,
 1130 MED-COLLEGE-EXPENDITURES.- EXTENSION & PUBLIC SERVICES,
 1131 MED-COLLEGE-EXPENDITURES, LIBRARIES,
 1132 MC-EXPENDITURES, OPERATING, & MAINT OF PHYSICAL PLANT.
 1133 MC-EXPENDITURES, ADMIN, & GENERAL EXP/MED SCH RECORDS
 1134 MED-COLLEGE-EXPENDITURES, ADMIN, & GEN EXP/FROM PARENT INST
 1135 MED-COLLEGE-EXPENDITURES, RESTRICTED, FUNDS FROM PARENT INST
 1136 MED-COLLEGE-EXPENDITURES.- TOTAL ADMIN, & GENERAL EXPENSES
 1137 MED-COLLEGE-EXPENDITURES.- TOTAL OF ALL CURRENT FUNDS

DATA FROM 1973-74 SALARY SURVEY

AGGREGATE 1270 AVERAGE TOTAL SALARY, PROFESSORS, BASIC-SCI, SFT, FILLED.
 AGGREGATE 1271 AVERAGE TOTAL SALARY, ASSOC-PROFS, BASIC-SCI, SFT, FILLED.
 AGGREGATE 1272 AVERAGE TOTAL SALARY, ASST-PROFS, BASIC-SCI, SFT, FILLED.
 AGGREGATE 1273 AVERAGE TOTAL SALARY, INSTRUCTORS, BASIC-SCI, SFT, FILLED.
 AGGREGATE 1274 AVERAGE TOTAL SALARY, CHAIRMEN, BASIC-SCI, SFT, FILLED.
 AGGREGATE 1275 AVERAGE TOTAL SALARY, PROFESSORS, CLIN-SCI, SFT, FILLED.
 AGGREGATE 1276 AVERAGE TOTAL SALARY, ASSOC-PROFS, CLIN-SCI, SFT, FILLED.
 AGGREGATE 1277 AVERAGE TOTAL SALARY, ASST-PROFS, CLIN-SCI, SFT, FILLED.
 AGGREGATE 1278 AVERAGE TOTAL SALARY, INSTRUCTORS, CLIN-SCI, SFT, FILLED.
 AGGREGATE 1279 AVERAGE TOTAL SALARY, CHAIRMEN, CLIN-SCI, SFT, FILLED.
 AGGREGATE 2862 AVERAGE TOTAL SALARY, PROFESSORS, ANATOMY, SFT, FILLED.

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PUBLISHED NUMBER DESCRIPTION

DATA FROM 1973-74 SALARY SURVEY

AGGREGATE	2863	AVERAGE	TOTAL	SALARY, ASSOC-PROFS, ANATOMY, SFT, FILLED.
AGGREGATE	2864	AVERAGE	TOTAL	SALARY, ASST-PROFS, ANATOMY, SFT, FILLED.
AGGREGATE	2865	AVERAGE	TOTAL	SALARY, INSTRUCTORS, ANATOMY, SFT, FILLED.
AGGREGATE	2866	AVERAGE	TOTAL	SALARY, CHAIRMEN, ANATOMY, SFT, FILLED.
AGGREGATE	2867	AVERAGE	TOTAL	SALARY, PROFESSORS, BIOCHEMISTRY, SFT, FILLED.
AGGREGATE	2868	AVERAGE	TOTAL	SALARY, ASSOC-PROFS, BIOCHEMISTRY, SFT, FILLED.
AGGREGATE	2869	AVERAGE	TOTAL	SALARY, ASST-PROFS, BIOCHEMISTRY, SFT, FILLED.
AGGREGATE	2870	AVERAGE	TOTAL	SALARY, INSTRUCTORS, BIOCHEMISTRY, SFT, FILLED.
AGGREGATE	2871	AVERAGE	TOTAL	SALARY, CHAIRMEN, BIOCHEMISTRY, SFT, FILLED.
AGGREGATE	2872	AVERAGE	TOTAL	SALARY, PROFESSORS, MICROBIOLOGY, SFT, FILLED.
AGGREGATE	2873	AVERAGE	TOTAL	SALARY, ASSOC-PROFS, MICROBIOLOGY, SFT, FILLED.
AGGREGATE	2874	AVERAGE	TOTAL	SALARY, ASST-PROFS, MICROBIOLOGY, SFT, FILLED.
AGGREGATE	2875	AVERAGE	TOTAL	SALARY, INSTRUCTORS, MICROBIOLOGY, SFT, FILLED.
AGGREGATE	2876	AVERAGE	TOTAL	SALARY, CHAIRMEN, MICROBIOLOGY, SFT, FILLED.
AGGREGATE	2877	AVERAGE	TOTAL	SALARY, PROFESSORS, PHARMACOLOGY, SFT, FILLED.
AGGREGATE	2878	AVERAGE	TOTAL	SALARY, ASSOC-PROFS, PHARMACOLOGY, SFT, FILLED.
AGGREGATE	2879	AVERAGE	TOTAL	SALARY, ASST-PROFS, PHARMACOLOGY, SFT, FILLED.
AGGREGATE	2880	AVERAGE	TOTAL	SALARY, INSTRUCTORS, PHARMACOLOGY, SFT, FILLED.
AGGREGATE	2881	AVERAGE	TOTAL	SALARY, CHAIRMEN, PHARMACOLOGY, SFT, FILLED.
AGGREGATE	2882	AVERAGE	TOTAL	SALARY, PROFESSORS, PHYSIOLOGY, SFT, FILLED.
AGGREGATE	2883	AVERAGE	TOTAL	SALARY, ASSOC-PROFS, PHYSIOLOGY, SFT, FILLED.
AGGREGATE	2884	AVERAGE	TOTAL	SALARY, ASST-PROFS, PHYSIOLOGY, SFT, FILLED.
AGGREGATE	2885	AVERAGE	TOTAL	SALARY, INSTRUCTORS, PHYSIOLOGY, SFT, FILLED.
AGGREGATE	2886	AVERAGE	TOTAL	SALARY, CHAIRMEN, PHYSIOLOGY, SFT, FILLED.
AGGREGATE	2887	AVERAGE	TOTAL	SALARY, PROFESSORS, OTHER-BASIC, SFT, FILLED.
AGGREGATE	2888	AVERAGE	TOTAL	SALARY, ASSOC-PROFS, OTHER-BASIC, SFT, FILLED.
AGGREGATE	2889	AVERAGE	TOTAL	SALARY, ASST-PROFS, OTHER-BASIC, SFT, FILLED.
AGGREGATE	2890	AVERAGE	TOTAL	SALARY, INSTRUCTORS, OTHER-BASIC, SFT, FILLED.
AGGREGATE	2891	AVERAGE	TOTAL	SALARY, CHAIRMEN, OTHER-BASIC, SFT, FILLED.
AGGREGATE	2892	AVERAGE	TOTAL	SALARY, PROFESSORS, ANESTHESIOLOGY, SFT, FILLED.
AGGREGATE	2893	AVERAGE	TOTAL	SALARY, ASSOC-PROFS, ANESTHESIOLOGY, SFT, FILLED.
AGGREGATE	2894	AVERAGE	TOTAL	SALARY, ASST-PROFS, ANESTHESIOLOGY, SFT, FILLED.
AGGREGATE	2895	AVERAGE	TOTAL	SALARY, INSTRUCTORS, ANESTHESIOLOGY, SFT, FILLED.
AGGREGATE	2896	AVERAGE	TOTAL	SALARY, CHAIRMEN, ANESTHESIOLOGY, SFT, FILLED.
AGGREGATE	2897	AVERAGE	TOTAL	SALARY, PROFESSORS, COMMUNITY-HEALTH, SFT, FILLED.
AGGREGATE	2898	AVERAGE	TOTAL	SALARY, ASSOC-PROFS, COMMUNITY-HEALTH, SFT, FILLED.
AGGREGATE	2899	AVERAGE	TOTAL	SALARY, ASST-PROFS, COMMUNITY-HEALTH, SFT, FILLED.
AGGREGATE	2900	AVERAGE	TOTAL	SALARY, INSTRUCTORS, COMMUNITY-HEALTH, SFT, FILLED.
AGGREGATE	2901	AVERAGE	TOTAL	SALARY, CHAIRMEN, COMMUNITY-HEALTH, SFT, FILLED.
AGGREGATE	2902	AVERAGE	TOTAL	SALARY, PROFESSORS, DERMATOLOGY, SFT, FILLED.
AGGREGATE	2903	AVERAGE	TOTAL	SALARY, ASSOC-PROFS, DERMATOLOGY, SFT, FILLED.
AGGREGATE	2904	AVERAGE	TOTAL	SALARY, ASST-PROFS, DERMATOLOGY, SFT, FILLED.
AGGREGATE	2905	AVERAGE	TOTAL	SALARY, INSTRUCTORS, DERMATOLOGY, SFT, FILLED.
AGGREGATE	2906	AVERAGE	TOTAL	SALARY, CHAIRMEN, DERMATOLOGY, SFT, FILLED.
AGGREGATE	2907	AVERAGE	TOTAL	SALARY, PROFESSORS, FAMILY-MED, SFT, FILLED.
AGGREGATE	2908	AVERAGE	TOTAL	SALARY, ASSOC-PROFS, FAMILY-MED, SFT, FILLED.
AGGREGATE	2909	AVERAGE	TOTAL	SALARY, ASST-PROFS, FAMILY-MED, SFT, FILLED.
AGGREGATE	2910	AVERAGE	TOTAL	SALARY, INSTRUCTORS, FAMILY-MED, SFT, FILLED.
AGGREGATE	2911	AVERAGE	TOTAL	SALARY, CHAIRMEN, FAMILY-MED, SFT, FILLED.
AGGREGATE	2912	AVERAGE	TOTAL	SALARY, PROFESSORS, MEDICINE, SFT, FILLED.
AGGREGATE	2913	AVERAGE	TOTAL	SALARY, ASSOC-PROFS, MEDICINE, SFT, FILLED.

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AGGREGATE	2914	AVERAGE	TOTAL	SALARY, ASST-PROFS, MEDICINE, SFT, FILLED.
AGGREGATE	2915	AVERAGE	TOTAL	SALARY, INSTRUCTORS, MEDICINE, SFT, FILLED.
AGGREGATE	2916	AVERAGE	TOTAL	SALARY, CHAIRMEN, MEDICINE, SFT, FILLED.
AGGREGATE	2917	AVERAGE	TOTAL	SALARY, PROFESSORS, NEUROLOGY, SFT, FILLED.
AGGREGATE	2918	AVERAGE	TOTAL	SALARY, ASSOC-PROFS, NEUROLOGY, SFT, FILLED.
AGGREGATE	2919	AVERAGE	TOTAL	SALARY, ASST-PROFS, NEUROLOGY, SFT, FILLED.
AGGREGATE	2920	AVERAGE	TOTAL	SALARY, INSTRUCTORS, NEUROLOGY, SFT, FILLED.
AGGREGATE	2921	AVERAGE	TOTAL	SALARY, CHAIRMEN, NEUROLOGY, SFT, FILLED.
AGGREGATE	2922	AVERAGE	TOTAL	SALARY, PROFESSORS, OB-GYN, SFT, FILLED.
AGGREGATE	2923	AVERAGE	TOTAL	SALARY, ASSOC-PROFS, OB-GYN, SFT, FILLED.
AGGREGATE	2924	AVERAGE	TOTAL	SALARY, ASST-PROFS, OB-GYN, SFT, FILLED.
AGGREGATE	2925	AVERAGE	TOTAL	SALARY, INSTRUCTORS, OB-GYN, SFT, FILLED.
AGGREGATE	2926	AVERAGE	TOTAL	SALARY, CHAIRMEN, OB-GYN, SFT, FILLED.
AGGREGATE	2927	AVERAGE	TOTAL	SALARY, PROFESSORS, OPHTHALMOLOGY, SFT, FILLED.
AGGREGATE	2928	AVERAGE	TOTAL	SALARY, ASSOC-PROFS, OPHTHALMOLOGY, SFT, FILLED.
AGGREGATE	2929	AVERAGE	TOTAL	SALARY, ASST-PROFS, OPHTHALMOLOGY, SFT, FILLED.
AGGREGATE	2930	AVERAGE	TOTAL	SALARY, INSTRUCTORS, OPHTHALMOLOGY, SFT, FILLED.
AGGREGATE	2931	AVERAGE	TOTAL	SALARY, CHAIRMEN, OPHTHALMOLOGY, SFT, FILLED.
AGGREGATE	2932	AVERAGE	TOTAL	SALARY, PROFESSORS, OTOLARYNGOLOGY, SFT, FILLED.
AGGREGATE	2933	AVERAGE	TOTAL	SALARY, ASSOC-PROFS, OTOLARYNGOLOGY, SFT, FILLED.
AGGREGATE	2934	AVERAGE	TOTAL	SALARY, ASST-PROFS, OTOLARYNGOLOGY, SFT, FILLED.
AGGREGATE	2935	AVERAGE	TOTAL	SALARY, INSTRUCTORS, OTOLARYNGOLOGY, SFT, FILLED.
AGGREGATE	2936	AVERAGE	TOTAL	SALARY, CHAIRMEN, OTOLARYNGOLOGY, SFT, FILLED.
AGGREGATE	2937	AVERAGE	TOTAL	SALARY, PROFESSORS, PATHOLOGY, SFT, FILLED.
AGGREGATE	2938	AVERAGE	TOTAL	SALARY, ASSOC-PROFS, PATHOLOGY, SFT, FILLED.
AGGREGATE	2939	AVERAGE	TOTAL	SALARY, ASST-PROFS, PATHOLOGY, SFT, FILLED.
AGGREGATE	2940	AVERAGE	TOTAL	SALARY, INSTRUCTORS, PATHOLOGY, SFT, FILLED.
AGGREGATE	2941	AVERAGE	TOTAL	SALARY, CHAIRMEN, PATHOLOGY, SFT, FILLED.
AGGREGATE	2942	AVERAGE	TOTAL	SALARY, PROFESSORS, PEDIATRICS, SFT, FILLED.
AGGREGATE	2943	AVERAGE	TOTAL	SALARY, ASSOC-PROFS, PEDIATRICS, SFT, FILLED.
AGGREGATE	2944	AVERAGE	TOTAL	SALARY, ASST-PROFS, PEDIATRICS, SFT, FILLED.
AGGREGATE	2945	AVERAGE	TOTAL	SALARY, INSTRUCTORS, PEDIATRICS, SFT, FILLED.
AGGREGATE	2946	AVERAGE	TOTAL	SALARY, CHAIRMEN, PEDIATRICS, SFT, FILLED.
AGGREGATE	2947	AVERAGE	TOTAL	SALARY, PROFESSORS, PHYSICAL-MED, SFT, FILLED.
AGGREGATE	2948	AVERAGE	TOTAL	SALARY, ASSOC-PROFS, PHYSICAL-MED, SFT, FILLED.
AGGREGATE	2949	AVERAGE	TOTAL	SALARY, ASST-PROFS, PHYSICAL-MED, SFT, FILLED.
AGGREGATE	2950	AVERAGE	TOTAL	SALARY, INSTRUCTORS, PHYSICAL-MED, SFT, FILLED.
AGGREGATE	2951	AVERAGE	TOTAL	SALARY, CHAIRMEN, PHYSICAL-MED, SFT, FILLED.
AGGREGATE	2952	AVERAGE	TOTAL	SALARY, PROFESSORS, PREVENTATIVE-MEDICINE SFT, FI
AGGREGATE	2953	AVERAGE	TOTAL	SALARY, ASSOC-PROFS, PREVENTATIVE-MEDICINE SFT, F
AGGREGATE	2954	AVERAGE	TOTAL	SALARY, ASST-PROFS, PREVENTATIVE-MEDICINE SFT, FI
AGGREGATE	2955	AVERAGE	TOTAL	SALARY, INSTRUCTORS, PREVENTATIVE-MEDICINE SFT, F
AGGREGATE	2956	AVERAGE	TOTAL	SALARY, CHAIRMEN, PREVENTATIVE-MEDICINE SFT, FILL
AGGREGATE	2957	AVERAGE	TOTAL	SALARY, PROFESSORS, PSYCHIATRY, SFT, FILLED.
AGGREGATE	2958	AVERAGE	TOTAL	SALARY, ASSOC-PROFS, PSYCHIATRY, SFT, FILLED.
AGGREGATE	2959	AVERAGE	TOTAL	SALARY, ASST-PROFS, PSYCHIATRY, SFT, FILLED.
AGGREGATE	2960	AVERAGE	TOTAL	SALARY, INSTRUCTORS, PSYCHIATRY, SFT, FILLED.
AGGREGATE	2961	AVERAGE	TOTAL	SALARY, CHAIRMEN, PSYCHIATRY, SFT, FILLED.
AGGREGATE	2962	AVERAGE	TOTAL	SALARY, PROFESSORS, RADIOLOGY, SFT, FILLED.
AGGREGATE	2963	AVERAGE	TOTAL	SALARY, ASSOC-PROFS, RADIOLOGY, SFT, FILLED.
AGGREGATE	2964	AVERAGE	TOTAL	SALARY, ASST-PROFS, RADIOLOGY, SFT, FILLED.

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AGGREGATE	2965	AVERAGE	TOTAL	SALARY, INSTRUCTORS, RADIOLOGY, SFT, FILLED.
AGGREGATE	2966	AVERAGE	TOTAL	SALARY, CHAIRMEN, RADIOLOGY, SFT, FILLED.
AGGREGATE	2967	AVERAGE	TOTAL	SALARY, PROFESSORS, SURGERY, SFT, FILLED.
AGGREGATE	2968	AVERAGE	TOTAL	SALARY, ASSOC-PROFS, SURGERY, SFT, FILLED.
AGGREGATE	2969	AVERAGE	TOTAL	SALARY, ASST-PROFS, SURGERY, SFT, FILLED.
AGGREGATE	2970	AVERAGE	TOTAL	SALARY, INSTRUCTORS, SURGERY, SFT, FILLED.
AGGREGATE	2971	AVERAGE	TOTAL	SALARY, CHAIRMEN, SURGERY, SFT, FILLED.
AGGREGATE	2972	AVERAGE	TOTAL	SALARY, PROFESSORS, NEUROLOGY, SFT, FILLED.
AGGREGATE	2973	AVERAGE	TOTAL	SALARY, ASSOC-PROFS, NEUROLOGY, SFT, FILLED.
AGGREGATE	3551	AVERAGE	TOTAL	SALARY, ASST-PROFS, NEUROLOGY, SFT, FILLED.
AGGREGATE	3552	AVERAGE	TOTAL	SALARY, INSTRUCTORS, NEUROLOGY, SFT, FILLED.
AGGREGATE	3553	AVERAGE	TOTAL	SALARY, CHAIRMEN, NEUROLOGY, SFT, FILLED.
AGGREGATE	3554	AVERAGE	TOTAL	SALARY, PROFESSORS, ORTHOPEDIC-SURGERY, SFT, FILLED.
AGGREGATE	3555	AVERAGE	TOTAL	SALARY, ASSOC-PROFS, ORTHOPEDIC-SURGERY, SFT, FILLED.
AGGREGATE	3556	AVERAGE	TOTAL	SALARY, ASST-PROFS, ORTHOPEDIC-SURGERY, SFT, FILLED.
AGGREGATE	3557	AVERAGE	TOTAL	SALARY, INSTRUCTORS, ORTHOPEDIC-SURGERY, SFT, FILLED.
AGGREGATE	3558	AVERAGE	TOTAL	SALARY, CHAIRMEN, ORTHOPEDIC-SURGERY, SFT, FILLED.
AGGREGATE	3559	AVERAGE	TOTAL	SALARY, PROFESSORS, PLASTIC-SURGERY, SFT, FILLED.
AGGREGATE	3560	AVERAGE	TOTAL	SALARY, ASSOC-PROFS, PLASTIC-SURGERY, SFT, FILLED.
AGGREGATE	3561	AVERAGE	TOTAL	SALARY, ASST-PROFS, PLASTIC-SURGERY, SFT, FILLED.
AGGREGATE	3562	AVERAGE	TOTAL	SALARY, INSTRUCTORS, PLASTIC-SURGERY, SFT, FILLED.
AGGREGATE	3563	AVERAGE	TOTAL	SALARY, CHAIRMEN, PLASTIC-SURGERY, SFT, FILLED.
AGGREGATE	3564	AVERAGE	TOTAL	SALARY, PROFESSORS, THORACIC/CARDIO-SURGERY, SFT, FILLED.
AGGREGATE	3565	AVERAGE	TOTAL	SALARY, ASSOC-PROFS, THORACIC/CARDIO-SURGERY, SFT, FILLED.
AGGREGATE	3566	AVERAGE	TOTAL	SALARY, ASST-PROFS, THORACIC/CARDIO-SURGERY, SFT, FILLED.
AGGREGATE	3567	AVERAGE	TOTAL	SALARY, INSTRUCTORS, THORACIC/CARDIO-SURGERY, SFT, FILLED.
AGGREGATE	3568	AVERAGE	TOTAL	SALARY, CHAIRMEN, THORACIC/CARDIO-SURGERY, SFT, FILLED.
AGGREGATE	3569	AVERAGE	TOTAL	SALARY, PROFESSORS, UROLOGY, SFT, FILLED.
AGGREGATE	3570	AVERAGE	TOTAL	SALARY, ASSOC-PROFS, UROLOGY, SFT, FILLED.
AGGREGATE	3571	AVERAGE	TOTAL	SALARY, ASST-PROFS, UROLOGY, SFT, FILLED.
AGGREGATE	3572	AVERAGE	TOTAL	SALARY, INSTRUCTORS, UROLOGY, SFT, FILLED.
AGGREGATE	3573	AVERAGE	TOTAL	SALARY, CHAIRMEN, UROLOGY, SFT, FILLED.
AGGREGATE	3574	AVERAGE	TOTAL	SALARY, PROFESSORS, OTHER-CLINICAL, SFT, FILLED.
AGGREGATE	3575	AVERAGE	TOTAL	SALARY, ASSOC-PROFS, OTHER-CLINICAL, SFT, FILLED.
AGGREGATE	3576	AVERAGE	TOTAL	SALARY, ASST-PROFS, OTHER-CLINICAL, SFT, FILLED.
AGGREGATE	3577	AVERAGE	TOTAL	SALARY, INSTRUCTORS, OTHER-CLINICAL, SFT, FILLED.
AGGREGATE	3578	AVERAGE	TOTAL	SALARY, CHAIRMEN, OTHER-CLINICAL, SFT, FILLED.

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1462	1ST-YR. REPEATERS, MED-STUDENTS ETHNIC AFRO-AMERICAN, MALE.
1463	1ST-YR. REPEATERS, MED-STUDENTS ETHNIC AFRO-AMERICAN, FEMALE.
1464	REPEATERS, NOT 1ST-YR MED-STUDENTS, ETHNIC AFRO-AMERICAN, MALE.
1465	REPEATERS, NOT 1ST-YR MED-STUDENTS, ETHNIC AFRO-AMERICAN, F.
1466	1ST-YR. REPEATERS, MED-STUDENTS ETHNIC AMERICAN-INDIAN, MALE.
1467	1ST-YR. REPEATERS, MED-STUDENTS ETHNIC AMERICAN-INDIAN, FEMALE.
1468	REPEATERS, NOT 1ST-YR MED-STUDENTS, ETHNIC AMERICAN-INDIAN, M.
1469	REPEATERS, NOT 1ST-YR MED-STUDENTS, ETHNIC AMERICAN-INDIAN, F.
1470	1ST-YR. REPEATERS, MED-STUDENTS ETHNIC CAUCASIAN, MALE.
1471	1ST-YR. REPEATERS, MED-STUDENTS ETHNIC CAUCASIAN, FEMALE.
1472	REPEATERS, NOT 1ST-YR MED-STUDENTS, ETHNIC CAUCASIAN, MALE.

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- 1473 REPEATERS,NOT 1ST-YR MED-STUDENTS,ETHNIC CAUCASIAN,FEMALE.
- 1474 1ST-YR,REPEATERS,MED-STUDENTS ETHNIC CAUCASIAN,MALE.
- 1475 1ST-YR,REPEATERS,MED-STUDENTS ETHNIC CAUCASIAN,FEMALE.
- 1476 REPEATERS,NOT 1ST-YR MED-STUDENTS,ETHNIC MEXICAN-AMERICAN,M.
- 1477 REPEATERS,NOT 1ST-YR MED-STUDENTS,ETHNIC MEXICAN-AMERICAN,F.
- 1478 1ST-YR,REPEATERS,MED-STUDENTS ETHNIC MEXICAN-AMERICAN,MALE.
- 1479 1ST-YR,REPEATERS,MED-STUDENTS ETHNIC MEXICAN-AMERICAN,F.
- 1480 REPEATERS,NOT 1ST-YR MED-STUDENTS,ETHNIC MEXICAN-AMERICAN,M.
- 1481 REPEATERS,NOT 1ST-YR MED-STUDENTS,ETHNIC MEXICAN-AMERICAN,F.
- 1482 1ST-YR,REPEATERS,MED-STUDENTS ETHNIC ORIENTAL-AMERICAN,MALE.
- 1483 1ST-YR,REPEATERS,MED-STUDENTS ETHNIC ORIENTAL-AMERICAN,F.
- 1484 REPEATERS,NOT 1STYR MED-STUDENTS,ETHNIC ORIENTAL-AMERICAN,M.
- 1485 REPEATERS,NOT 1STYR MED-STUDENTS,ETHNIC ORIENTAL-AMERICAN,F.
- 1486 1ST-YR,REPEATERS,MED-STUDENTS ETHNIC PUERTO-RICAN,MALE.
- 1487 1ST-YR,REPEATERS,MED-STUDENTS ETHNIC PUERTO-RICAN,FEMALE.
- 1488 REPEATERS,NOT 1ST-YR MED-STUDENTS,ETHNIC PUERTO-RICAN,MALE.
- 1489 REPEATERS,NOT 1ST-YR MED-STUDENTS,ETHNIC PUERTO-RICAN,F.
- 1490 TOTAL 1ST-YR,REPEATERS,MED-STUDENTS ALL ETHNIC GROUPS MALE.
- 1491 TOTAL 1ST-YR,REPEATERS,MED-STUDENTS ALL ETHNIC GROUP FEMALE.
- 1492 TOTAL ALL EXCEPT 1ST YR REPEATERS,MED-STUDENTS,MALE.
- 1493 TOTAL ALL EXCEPT 1ST YR REPEATERS,MED-STUDENTS,FEMALE.
- 1494 TOTAL MED-STUDENTS RETURNING AFTER LOA,1ST-YR,MALE.
- 1495 TOTAL MED-STUDENTS RETURNING AFTER LOA,1ST-YR,FEMALE.
- 1496 TOTAL MED-STUDENTS RETURNING AFTER LOA,ALL BUT 1ST-YR,MALE.
- 1497 TOTAL MED-STUDENTS RETURNING AFTER LOA,ALL BUT 1ST-YR,F.
- 1498 MED-STUDENTS,ADMTD ADV-STANDING,/US&CANADIAN MED SCHOOLS
- 1499 MED-STUDENTS,ADMTD ADV-STANDING,/FOREIGN MED SCHOOLS
- 1500 MED-STUDENTS,ADMTD ADV-STANDING,/OSTEOPATHIC MED SCHOOLS
- 1501 MED-STUDENTS,ADMTD ADV-STANDING,/OTHER GRAD OR PROFSL SCHOOL
- 1502 WITHDRAWN,1ST-YR,MED-STUDENTS /POOR ACADEMIC-STANDING.
- 1503 WITHDRAWN,FINAL-YEAR,MED-STUDENTS /POOR ACADEMIC-STANDING.
- 1504 WITHDRAWN,MIDDLE-YEARS,MED-STUDENTS /POOR ACADEMIC-STANDING.
- 1505 WITHDRAWN,TOTAL MED-STUDENTS,/POOR ACADEMIC-STANDING.
- 1506 WITHDRAWN,1ST-YR,MED-STUDENTS /LACK OF FINANCIAL AID.
- 1507 WITHDRAWN,FINAL-YEAR,MED-STUDENTS /LACK OF FINANCIAL AID.
- 1508 WITHDRAWN,MIDDLE-YEARS,MED-STUDENTS /LACK OF FINANCIAL AID.
- 1509 WITHDRAWN,TOTAL MED-STUDENTS,/LACK OF FINANCIAL AID.
- 1510 WITHDRAWN,1ST-YR,MED-STUDENTS /FOR ADVANCED-STUDY.
- 1511 WITHDRAWN,FINAL-YEAR,MED-STUDENTS /FOR ADVANCED-STUDY.
- 1512 WITHDRAWN,MIDDLE-YEARS,MED-STUDENTS /FOR ADVANCED-STUDY.
- 1513 WITHDRAWN,TOTAL MED-STUDENTS,/FOR ADVANCED-STUDY.
- 1514 WITHDRAWN,1ST-YR,MED-STUDENTS / OTHER LOA.
- 1515 WITHDRAWN,FINAL-YEAR,MED-STUDENTS /OTHER LOA.
- 1516 WITHDRAWN,MIDDLE-YEARS,MED-STUDENTS /OTHER LOA.
- 1517 WITHDRAWN,TOTAL MED-STUDENTS,/OTHER LOA.
- 1518 WITHDRAWN,1ST-YR,MED-STUDENTS / TRANSFERRED,OTHER MED SCHOOL
- 1519 WITHDRAWN,FINAL-YEAR,MED-STUDENTS / TRANSFERRED,OTR MED SCH
- 1520 WITHDRAWN,MIDDLE-YEARS,MED-STUDENTS / TRANSFERRED,OTR MED SC
- 1521 WITHDRAWN,TOTAL MED-STUDENTS,/ TRANSFERRED,OTHER MED SCHOOL
- 1522 WITHDRAWN,1ST-YR,MED-STUDENTS /ALL OTHER REASONS
- 1523 WITHDRAWN,FINAL-YEAR,MED-STUDENTS /ALL OTHER REASONS

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DATA FROM 1973-74 LIASON COMMITTEE QUESTIONNAIRE, PART II

AGGREGATE	1524	WITHDRAWN, MIDDLE-YEARS, MED-STUDENTS /ALL OTHER REASONS
AGGREGATE	1525	WITHDRAWN, TOTAL MED-STUDENTS, /ALL OTHER REASONS
AGGREGATE	1526	WITHDRAWN, TOTAL 1ST-YR, MED-STUDENTS ALL REASONS
AGGREGATE	1527	WITHDRAWN, TOTAL FINAL-YEAR, MED-STUDENTS ALL REASONS
AGGREGATE	1528	WITHDRAWN, TOTAL MIDDLE-YEARS, MED-STUDENTS ALL REASONS
AGGREGATE	1529	WITHDRAWN, TOTAL, ALL YEARS MED-STUDENTS, ALL REASONS
AGGREGATE	1530	FIRST-YEAR, MEDICAL-STUDENTS PRE-MEDICAL GPA, 3 6 TO 4 0
AGGREGATE	1531	FIRST-YEAR, MEDICAL-STUDENTS PRE-MEDICAL GPA, 2 6 TO 3 5
AGGREGATE	1532	FIRST-YEAR, MEDICAL-STUDENTS PRE-MEDICAL GPA, < 2 6
AGGREGATE	1533	FIRST-YEAR, MEDICAL-STUDENTS PRE-MEDICAL GPA, NOT KNOWN
AGGREGATE	1543	FIRST-YEAR, MED-STUDENTS /MEAN MCAT, SCORE - VERBAL
AGGREGATE	1544	FIRST-YEAR, MED-STUDENTS /MEAN MCAT, SCORE - GENERAL INFO
AGGREGATE	1545	FIRST-YEAR, MED-STUDENTS /MEAN MCAT, SCORE - QUANTITATIVE
AGGREGATE	1546	FIRST-YEAR, MED-STUDENTS /MEAN MCAT, SCORE - SCIENCE
AGGREGATE	1547	UNDERGRAD, GPA, FOR ENTERING FIRST-YEAR, MED-STUDENTS
AGGREGATE	1935	BUILDINGS COST, OF CONSTRUCTION, COMPLETED THIS YEAR
AGGREGATE	1936	MOVABLE EQUIPMENT, COST, IN CONSTRUCTION, COMPLETED THIS YEAR
AGGREGATE	1937	FUNDS FOR CONSTRUCTION, COMPLETED THIS YEAR- FEDERAL, GOVT
AGGREGATE	1938	FUNDS FOR CONSTRUCTION, COMPLETED THIS YEAR- STATE, GOVT
AGGREGATE	1939	FUNDS FOR CONSTRUCTION, COMPLETED THIS YEAR- PRIV GIFTS,
AGGREGATE	1940	FUNDS FOR CONSTRUCTION, COMPLETED THIS YEAR- OTHER
AGGREGATE	1941	BUILDING USE OF CONSTRUCTION, COMPLETED THIS YR- X TEACHING
AGGREGATE	1942	BUILDING USE OF CONSTRUCTION, COMPLETED THIS YR- X RESEARCH
AGGREGATE	1943	BUILDING USE OF CONSTRUCTION, COMPLETED THIS YR- X MED SERV
AGGREGATE	1944	BUILDING USE OF CONSTRUCTION, COMPLETED THIS YR- X OTHER
AGGREGATE	1945	BUILDINGS COST, OF CONSTRUCTION, INITIATED THIS YEAR
AGGREGATE	1946	MOVABLE EQUIPMENT, COST, IN CONSTRUCTION, INITIATED THIS YEAR
	1947	FUNDS FOR CONSTRUCTION, INITIATED THIS YEAR- FEDERAL, GOVT
	1948	FUNDS FOR CONSTRUCTION, INITIATED THIS YEAR- STATE, GOVT
	1949	FUNDS FOR CONSTRUCTION, INITIATED THIS YEAR- PRIV GIFTS,
	1950	FUNDS FOR CONSTRUCTION, INITIATED THIS YEAR- OTHER
AGGREGATE	1951	BUILDINGS USE OF CONSTRUCTION, INITIATED THIS YR- X TEACHING
AGGREGATE	1952	BUILDINGS USE OF CONSTRUCTION, INITIATED THIS YR- X RESEARCH
AGGREGATE	1953	BUILDINGS USE OF CONSTRUCTION, INITIATED THIS YR- X MED SERV
AGGREGATE	1954	BUILDINGS USE OF CONSTRUCTION, INITIATED THIS YR- X OTHER
AGGREGATE	1955	BLDGS COST, OF CONSTRUCTION, PLANNED, NEXT YEAR
AGGREGATE	1956	MOVABLE EQUIPMENT, COST, IN CONSTRUCTION, PLANNED, NEXT YEAR
	1957	FUNDS FOR CONSTRUCTION, PLANNED, NEXT YEAR- FEDERAL, GOVT
	1958	FUNDS FOR CONSTRUCTION, PLANNED, NEXT YEAR- STATE, GOVT
	1959	FUNDS FOR CONSTRUCTION, PLANNED, NEXT YEAR- PRIV GIFTS,
	1960	FUNDS FOR CONSTRUCTION, PLANNED, NEXT YEAR- OTHER
AGGREGATE	1961	BUILDINGS USE OF CONSTRUCTION, PLANNED, NEXT YR- X TEACHING
AGGREGATE	1962	BUILDINGS USE OF CONSTRUCTION, PLANNED, NEXT YR- X RESEARCH
AGGREGATE	1963	BUILDINGS USE OF CONSTRUCTION, PLANNED, NEXT YR- X MED SERVICE
AGGREGATE	1964	BUILDINGS USE OF CONSTRUCTION, PLANNED, NEXT YR- X OTHER
	1990	AID, DETERMINED NECESSARY MED-STUDENTS IN FIRST-YEAR,
	1991	AID, DETERMINED NECESSARY MED-STUDENTS IN MIDDLE-YEARS, 2ND YR
	1992	AID, DETERMINED NECESSARY MED-STUDENTS IN MIDDLE-YEARS, 3RD YR
	1993	AID, DETERMINED NECESSARY MED-STUDENTS IN FINAL-YEAR,
	1994	TOTAL AID, DETERMINED NECESSARY MED-STUDENTS, IN ALL YEARS
	1995	AID, FUNDED TO MED-STUDENTS IN FIRST-YEAR,

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RESTRICTED DATABASE VARIABLES

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A FROM 1973-74 LIASON COMMITTEE QUESTIONNAIRE, PART II

- 1996 AID.FUNDED TO MED-STUDENTS IN MIDDLE-YEARS.2ND YEAR
- 1997 AID.FUNDED TO MED-STUDENTS IN MIDDLE-YEARS.3RD YEAR
- 1998 AID.FUNDED TO MED-STUDENTS IN FINAL-YEAR.
- 1999 TOTAL.AID.TO MED-STUDENTS.DISPRSD BY SCHOOL
- 2000 AMT AID.- LOAN.FUNDS FOR MED-STUDENTS.-HEALTH PROFESSIONS
- 2001 AMT AID.- LOAN.FUNDS FOR MED-STUDENTS.-ROBERT WOOD JOHNSON
- 2002 AMT AID.- LOAN.FUNDS FOR MED-STUDENTS.-GUARANTEED BY SCHOOL
- 2003 AMT AID.- LOAN.FUNDS FOR MED-STUDENTS.-NDEA
- 2004 AMT AID.- LOAN.FUNDS FOR MED-STUDENTS.-SCHOOL FUNDS
- 2005 AMT AID.- LOAN.FUNDS FOR MED-STUDENTS.-OTHER LOANS
- 2006 AMT AID.- SCHOLARSHIPS.FUNDS FOR MED-STUDENTS.-HLTH PROFSNS
- 2007 AMT AID.- SCHOLARSHIPS.FUNDS FOR MED-STUDENTS.-R W JOHNSON
- 2008 AMT AID.- SCHOLARSHIPS.FUNDS FOR MED-STUDENTS.-SCHOOL FUNDS
- 2009 AMT AID.- SCHOLARSHIPS.FUNDS FOR MED-STUDENTS.-OTHER SCHLSPS
- 2010 TOTAL AID.TO MED-STUDENTS.- LOAN.+ SCHOLARSHIPS.FUNDS
- 2011 # MED-STUDENTS.RECEIVING AID.LOAN.FUNDS -HEALTH PROFESSIONS
- 2012 # MED-STUDENTS.RECEIVING AID.LOAN.FUNDS -RORT WOOD JOHNSON
- 2013 # MED-STUDENTS.RECEIVING AID.LOAN.FUNDS -GUARANTEED BY SCHL
- 2014 # MED-STUDENTS.RECEIVING AID.LOAN.FUNDS -NDEA
- 2015 # MED-STUDENTS.RECEIVING AID.LOAN.FUNDS -SCHOOL FUNDS
- 2016 # MED-STUDENTS.RECEIVING AID.LOAN.FUNDS -OTHER LOANS
- 2017 # MED-STUDENTS.RECEIVING AID.SCHOLARSHIPS.FUNDS -HLTH PROFSN
- 2018 # MED-STUDENTS.RECEIVING AID.SCHOLARSHIPS.FUNDS -R W JOHNSON
- 2019 # MED-STUDENTS.RECEIVING AID.SCHOLARSHIPS.FUNDS -SCHL FUNDS
- 2020 # MED-STUDENTS.RECEIVING AID.SCHOLARSHIPS.FUNDS -OTHER FUNDS
- 2021 AMT AID.- LOAN.FUNDS FOR MED-STUDENTS.- AMA-ERF LOANS
- 2022 AMT AID.- LOAN.FUNDS FOR MED-STUDENTS.- GUARANTEED BANK LOAN
- 2023 AMT AID.- LOAN.FUNDS FOR MED-STUDENTS.- OTHER LOANS
- 2024 AMT AID.- SCHOLARSHIPS.FUNDS FOR MED-STUDENTS.- AF HLTH PROF
- 2025 AMT AID.- SCHOLARSHIPS.FUNDS FOR MED-STUDENTS.- PUB HLTH SRV
- 2026 AMT AID.- SCHOLARSHIPS.FUNDS FOR MED-STUDENTS.- NAT MED FLWS
- 2027 AMT AID.- SCHOLARSHIPS.FUNDS FOR MED-STUDENTS.- OTHER
- 2028 AID.LOAN.FUNDS FOR MED-STUDENTS.-SCHL MATCHING HLTH PROFSNS
- AGGREGATE 2131 ETHNIC AFRO-AMERICAN.M.MED-STUDENTS.ADMT 71-72 & RETAINED 74
- AGGREGATE 2132 ETHNIC AFRO-AMERICAN.F.MED-STUDENTS.ADMT 71-72 & RETAINED 74
- AGGREGATE 2133 ETHNIC AMERICAN-INDIAN.M.MED-STUDENTS.ADM 71-72 & RETAND 74
- AGGREGATED 2134 ETHNIC AMERICAN-INDIAN.F.MED-STUDENTS.ADM 71-72 & RETAND 74
- AGGREGATE 2135 ETHNIC MEXICAN-AMERICAN.M.MED-STUDENTS.ADM 71-72 & RETND 74
- AGGREGATE 2136 ETHNIC MEXICAN-AMERICAN.F.MED-STUDENTS.ADM 71-72 & RETND 74
- AGGREGATE 2137 ETHNIC PUERTO-RICAN.M.MED-STUDENTS.ADMTD 71-72 & RETAINED 74
- AGGREGATE 2138 ETHNIC PUERTO-RICAN.F.MED-STUDENTS.ADMTD 71-72 & RETAINED 74
- 2139 ETHNIC ALL OTHER MALE.MED-STUDENTS.ADMTD 71-72 & RETAINED 74
- 2140 ETHNIC ALL OTR FEMALE.MED-STUDENTS.ADMTD 71-72 & RETAINED 74
- 2141 ETHNIC AFRO-AMERICAN.MALE.MED-STUDENTS.ADM 71-72 & GRAD 74
- 2142 ETHNIC AFRO-AMERICAN.F.MED-STUDENTS.ADM 71-72 & GRAD 74
- 2143 ETHNIC AMERICAN-INDIAN.M.MED-STUDENTS.ADM 71-72 & GRAD 74
- 2144 ETHNIC AMERICAN-INDIAN.F.MED-STUDENTS.ADM 71-72 & GRAD 74
- 2145 ETHNIC MEXICAN-AMERICAN.M.MED-STUDENTS.ADM 71-72 & GRAD 74
- 2146 ETHNIC MEXICAN-AMERICAN.F.MED-STUDENTS.ADM 71-72 & GRAD 74
- 2147 ETHNIC PUERTO-RICAN.MALE.MED-STUDENTS.ADM 71-72 & GRAD 74
- 2148 ETHNIC PUERTO-RICAN.F.MED-STUDENTS.ADM 71-72 & GRAD 74

UNRESTRICTED

PUBLISHED NUMBER DESCRIPTION

DATA FROM 1973-74 LIASON COMMITTEE QUESTIONNAIRE, PART II

	2149	ETHNIC	ALL OTHERS	MALE	MED-STUDENTS	ADM 71-72 & GRAD 74
	2150	ETHNIC	ALL OTHERS	FEMALE	MED-STUDENTS	ADM 71-72 & GRAD 74
	2161	ETHNIC	AFRO-AMERICAN	M	MED-STUDENTS	ADM 72-73 & RET 1974
	2162	ETHNIC	AFRO-AMERICAN	F	MED-STUDENTS	ADM 72-73 & RET 1974
	2163	ETHNIC	AMERICAN-INDIAN	M	MED-STUDENTS	ADM 72-73 & RET 1974
	2164	ETHNIC	AMERICAN-INDIAN	F	MED-STUDENTS	ADM 72-73 & RET 1974
	2165	ETHNIC	MEXICAN-AMERICAN	M	MED-STUDENTS	ADM 72-73 & RET 1974
	2166	ETHNIC	MEXICAN-AMERICAN	F	MED-STUDENTS	ADM 72-73 & RET 1974
	2167	ETHNIC	PUERTO-RICAN	MALE	MED-STUDENTS	ADM 72-73 & RET 1974
	2168	ETHNIC	PUERTO-RICAN	F	MED-STUDENTS	ADM 72-73 & RET 1974
	2169	ETHNIC	ALL OTHERS	MALE	MED-STUDENTS	ADM 72-73 & RET 1974
	2170	ETHNIC	ALL OTHERS	FEMALE	MED-STUDENTS	ADM 72-73 & RET 1974
	2171	ETHNIC	AFRO-AMERICAN	MALE	MED-STUDENTS	ADM 72-73 & GRAD 1974
	2172	ETHNIC	AFRO-AMERICAN	F	MED-STUDENTS	ADM 72-73 & GRAD 1974
	2173	ETHNIC	AMERICAN-INDIAN	M	MED-STUDENTS	ADM 72-73 & GRAD 1974
	2174	ETHNIC	AMERICAN-INDIAN	F	MED-STUDENTS	ADM 72-73 & GRAD 1974
	2175	ETHNIC	MEXICAN-AMERICAN	M	MED-STUDENTS	ADM 72-73 & GRAD 1974
	2176	ETHNIC	MEXICAN-AMERICAN	F	MED-STUDENTS	ADM 72-73 & GRAD 1974
	2177	ETHNIC	PUERTO-RICAN	MALE	MED-STUDENTS	ADM 72-73 & GRAD 1974
	2178	ETHNIC	PUERTO-RICAN	F	MED-STUDENTS	ADM 72-73 & GRAD 1974
	2179	ETHNIC	ALL OTHERS	MALE	MED-STUDENTS	ADM 72-73 & GRAD 1974
	2180	ETHNIC	ALL OTHERS	FEMALE	MED-STUDENTS	ADM 72-73 & GRAD 1974
	2191	ETHNIC	AFRO-AMERICAN	MALE	MED-STUDENTS-ADM	73-74 & RET 74
	2192	ETHNIC	AFRO-AMERICAN	FEMALE	MED-STUDENTS-ADM	73-74 & RET 74
	2193	ETHNIC	AMERICAN-INDIAN	MALE	MED-STUDENTS-ADM	73-74 & RET 74
	2194	ETHNIC	AMERICAN-INDIAN	F	MED-STUDENTS-ADM	73-74 & RET 74
	2195	ETHNIC	MEXICAN-AMERICAN	M	MED-STUDENTS-ADM	73-74 & RET 74
	2196	ETHNIC	MEXICAN-AMERICAN	F	MED-STUDENTS-ADM	73-74 & RET 74
	2197	ETHNIC	PUERTO-RICAN	MALE	MED-STUDENTS-ADM	73-74 & RET 74
	2198	ETHNIC	PUERTO-RICAN	FEMALE	MED-STUDENTS-ADM	73-74 & RET 74
	2199	ETHNIC	ALL OTHERS	MALE	MED-STUDENTS-ADM	73-74 & RET 74
	2200	ETHNIC	ALL OTHERS	FEMALE	MED-STUDENTS-ADM	73-74 & RET 74
	2201	ETHNIC	AFRO-AMERICAN	MALE	MED-STUDENTS	ADM 73-74 & GRAD 74
	2202	ETHNIC	AFRO-AMERICAN	FEMALE	MED-STUDENTS	ADM 73-74 & GRAD 74
	2203	ETHNIC	AMERICAN-INDIAN	MALE	MED-STUDENTS	ADM 73-74 & GRAD 74
	2204	ETHNIC	AMERICAN-INDIAN	F	MED-STUDENTS	ADM 73-74 & GRAD 74
	2205	ETHNIC	MEXICAN-AMERICAN	M	MED-STUDENTS	ADM 73-74 & GRAD 74
	2206	ETHNIC	MEXICAN-AMERICAN	F	MED-STUDENTS	ADM 73-74 & GRAD 74
	2207	ETHNIC	PUERTO-RICAN	MALE	MED-STUDENTS	ADM 73-74 & GRAD 74
	2208	ETHNIC	PUERTO-RICAN	F	MED-STUDENTS	ADM 73-74 & GRAD 74
AGGREGATE	2218	MED-COLLEGE LIBRARIES.-BUDGET-BOOKS, PERIODICALS, BINDINGS				
AGGREGATE	2219	MED-COLLEGE LIBRARIES.-BUDGET SALARY. PROFSNL PERSONNEL				
AGGREGATE	2220	MED-COLLEGE LIBRARIES.-BUDGET SALARY. NON-PROFSNL PERSONNEL				
AGGREGATE	2221	MED-COLLEGE LIBRARIES.-BUDGET OTHER ITEMS				
AGGREGATE	2222	MED-COLLEGE LIBRARIES.-BUDGET TOTAL				

PUBLISHED NUMBER DESCRIPTION

DATA FROM 1972-73 LIASON COMMITTEE QUESTIONNAIRE, PART I

AGGREGATE	1093	MED-COLLEGE-REVENUES.- ENDOWMENT. INCOME
AGGREGATE	1116	MC-REVENUES.-PROFESSIONAL FEES.-MED SERVICES.PLANS
	1138	MED-COLLEGE-REVENUES.TOTAL SURPLUS.
	1139	MED-COLLEGE-EXPENDITURES.TOTAL DEFICIT.
	1140	MED-COLLEGE-REVENUES.SURPLUS.-TRANSFER TO PLANT.FUNDS
	1141	MED-COLLEGE-REVENUES.SURPLUS.RETAINED FOR FUTURE OPERATIONS
	1142	MED-COLLEGE-REVENUES.SURPLUS.-TOTAL DISPOSITION OF FUNDS
	1143	MC-EXPENDITURES.DEFICIT.FROM GENERAL UNIV FUNDS
	1144	MC-EXPENDITURES.DEFICIT.-PRINCIPAL AS ENDOWMENT
	1145	MC-EXPENDITURES.DEFICIT.-PRIOR YEAR RESERVES
	1146	MC-EXPENDITURES.DEFICIT.-TOTAL OF ALL FUNDS
	1251	MC-EXPENDITURES.ACADEMIC SALARY.(+FEES) TOTAL ACTUAL 1972-73
	1252	MC-EXPENDITURES.OPERATING.LESS SALARIES TOTAL ACTUAL 1972-73
	1254	MC-EXPENDITURES.ACADEMIC SALARY.(+FEES)TOTAL EST1973-74
	1255	MC-EXPENDITURES.OPERATING.LESS SALARIES TOTAL EXT 1973-74
	1256	MC-EXPENDITURES.TOTAL ALL OPERATING.ESTIMATED 1973-74

APPENDIX III
OPERATIONAL PROCEDURES RECOMMENDED FOR
CLASSIFICATION OF IPS DATA

OPERATIONAL PROCEDURES
RECOMMENDED FOR
CLASSIFICATION OF IPS DATA

Category I Unrestricted

Policy: Data in category I may be made available to the general public.

Category I would include:

- a) Variables representing data already available to the general public through publications, or through access to government records.
- b) Variables representing data not institutionally sensitive either by single institution or in the aggregate, such as information which schools generally release individually.

Procedure for release:

Data in category I a) would be furnished directly to the general public, in the aggregate or by individual school, depending on how already published.

Data in category I b) would be furnished to the general public subject to the judgment of AAMC staff responsible for the management of the data, and whenever appropriate, with the interpretation of the staff competent in that particular area.

Category II: Restricted

Policy: Data in category II may be made available to member institutions and to other qualified institutions, organizations and individuals, subject to the discretion of the President.

Category II would include:

- a) Institutional data which the general public could interpret as presenting negative aspects of the institutions' performance either singly or in the aggregate.
- b) Institutional data dealing with sensitive categories of revenues and expenditures.

Procedure for release:

Data in category II would be furnished to scholars and to institutions, at the discretion of the President. The AAMC staff would try to verify the worthiness of the purpose and bona fides of the organizations or individual scholars in each case, and would insist upon assurances that any result in publications would adhere to the Associations' policies. Release of data in category II would be made through the AAMC staff responsible for the management of the data, and whenever appropriate with the interpretation of the staff competent in the particular area. When restricted information is requested by a medical school the released data will be forwarded only through the dean of the medical school.

Category III : Confidential

Policy: Data in category III will be generally available only to the staff of the Association, but may be released with permission from the institution.

Category III would include:

Data of a highly sensitive nature concerning individual institutions.

Procedure for release:

Data in category III will be generally available only to the staff of the Association. At the request of a medical school, the Association will release confidential information concerning that school to the individual named by the school in the request for release.

General procedures:

- A - The Association will always be willing to disclose to the individual institution any data supplied by that institution. The data will be forwarded through the dean of the institution.
- B - Data variables derived from a combination of variables will be classified in accordance with the more restrictive of the variables from which they are derived.

APPENDIX IV

AAMC POLICY FOR DATA RELEASE

POLICY FOR RELEASE OF AAMC INFORMATION

It is the responsibility of the AAMC to make information on American medical education available to the public to the greatest extent possible, subject to limitations imposed by the sources of the data collected and by law.

Data collected by the Association will be owned and maintained by the Association for the benefit of medical education.

Data in the possession of the Association will be classified according to permitted access using the following categories:

- I. Unrestricted - may be made available to the general public.
- II. Restricted - Association confidential -- may be made available to member institutions and other qualified institutions, organizations and individuals subject to the discretion of the President.
- III. Confidential - A) Institutional - Sensitive data collected concerning individual institutions generally available only to staff of the Association. It may be released with permission from the institution; and B) Personal - Sensitive data collected from individual persons generally available only to staff of the Association. It may be released with permission from the individual person.

Classification will be guided by a group of individuals broadly representative of the Association's constituency. No information will be released which could be identified with an institution unless reported or confirmed by that institution.

The Association will always be willing to disclose to the individual institution or individual person any data supplied by that institution or person.

In those cases where, as a result of collection by another organization, data is owned wholly or in part by the other organization, the data would be classified in one of the above categories so far as the AAMC is concerned, but additional restrictions imposed by the other organization may also be necessary.

INTERPRETATIONS AND COMMENTS

Data made public by the individual person or individual institution (as in the case of school catalogues, Who's Who, and news released to the press), will be classified as unrestricted.

When confidential or restricted data is aggregated, it generally becomes less sensitive. Thus, data related to groups of individuals or groups of institutions might be less restricted than the same data elements related to individuals.

In accordance with the above policy, restricted data concerning individual institutions or individual persons can be provided to scholars or institutions at the discretion of the President. The staff would try to verify the worthiness of the purpose and bona fides of the organization or individual scholar in such cases, and would insist upon assurances that any result in publication would adhere to Association policies restricting individual identification.

The intended classification of each element of data will be identified on the data collection instrument itself, so that the respondent will know what will be done with the information provided.

It is recognized that a general decision to identify an item as public or restricted, even though it represents a consensus of the constituency, may still lead some individuals to refuse to supply the data.

APPENDIX V

DETAILS OF DISCUSSIONS BY THE DATA DEVELOPMENT
COMMITTEE RELATIVE TO ASSIGNMENT OF RELEASE
CATEGORIES TO IPS DATA

Excerpts of discussions by the Data Development Liaison
Committee during the meeting of July 25, 1975

The excerpts pertain to the discussion for the classification of variables 1492 through 1497. The topic is: the sensitivity of data on the ethnic and sex grouping of repeaters.

Dr. Mann - Finds nothing objectionable from the standpoint of his own school, to classify the data in the unrestricted category. He does not know how other schools might feel about it.

Dr. D. Johnson - Believes that some schools might find the information embarrassing, in the present climate of law suits.

Dr. Hench - The sense of the Committee seems to be that the data should be available to the general public. In the review process this decision may be reversed, but for now, the Committee should act on it as it sees it.

Dr. Janeway - It is not the case of having to hide the information, but rather that it would be a complicated and burdensome process to have to explain to the public why some minority students take more than four years between admission and graduation. In fact this could be due to programs that the school has to admit students from the third year of college to better prepare them in the sciences. These students would show up as a large body that took five years from matriculation to graduation, when in fact the time is the same as for the regular four year students. It is in this way that to release the raw data would make for complications.

Dr. Hench - The data would be released with the interpretation of the competent staff; the precaution would be sufficient to prevent misinterpretation, except for the most blatant misuse, that is not possible to eliminate entirely.

Dr. Mann - Tends to agree with Dr. Hench.

Dr. Janeway - The important information is not what happens between matriculation and graduation time, but how

many students that matriculate actually graduate. What happens in between is only a function of the institution's own process.

Dr. Hartman - Disagrees with Dr. Janeway. Faculty tend to be conservative and tend to regard the normal thing for students to graduate in four years. When they see that a number of students in their own institution take longer, they instinctively feel that their school looks as if it is doing poorly. If they had a concept that other institutions also have similar numbers of students that take longer to graduate for some of the reasons suggested by Dr. Janeway, they would accept special programs more readily. This is a reason for making the data generally available.

Ms. Fewkes - Supports Dr. Hartman. Feels that if the data is available it should be provided, otherwise, the fact that it is protected from dissemination would be viewed with suspicion and it would fuel rumours.

Dr. Griesen - The key to this question is the staff interpretation that would accompany the release of the data. (To Dr. Johnson), how would the staff, for instance handle release of data on minority retention?

Dr. Johnson - At present time we have not provided data that could be identified as belonging to an individual school.

The Committee voted on a motion to put the variables in the unrestricted category. The vote was seven yes, one no.

Ms. Fewkes - Questions why data on withdrawals (variables 1502 through 1529) should be considered restricted.

Dr. Janeway - Because the number of withdrawals are so few that to make the data public would lead to identification of individuals in the case of minority students, if the data were compared with other information.

Unidentified - Would that be the case for the data on repeaters, also?

Dr. Janeway - It could be. The privacy of the individual would be invaded if the numbers of repeaters in given cases were so few as to lead to identification of the individual.

- Ms. Fewkes - Still, if the data is available, the schools ought to have it, for self evaluation.
- Dr. Janeway - The data in the restricted categories is available to the schools, with the proper safeguards.
- Dr. Mann- After hearing the discussion feels that the data on repeaters and withdrawals should remain in the restricted category, at least for now, as proposed by the staff.
- Dr. Mann - Asks that the matter be reopened, and enters a substitute motion that the data on repeaters and withdrawn students be classified restricted information. (variables 1492 through 1497 and 1502 through 1529)

The vote on Dr. Mann's motion was four yes and four no. The data will be recommended to be kept in the restricted category, however, the chairman requested that, due to the nature of the discussion and ambivalence of the vote, the details of it be transmitted to the COD Administrative Board.