

**Near Completer Initiative (NCI)
One row per student (.csv file)**

Item #	Data Element	Description
1	Institution Name	Please provide your Institution's full name not acronym.
2	Institution OPEID	Please provide the 8-digit OPEID for your institution. (FICE+2)
3	First Name	Provide Student's First Name (No numbers)
4	Last Name	Provide Student's Last Name (No numbers)
5	Non-Campus Email Address	Provide Student's last known non-campus email address
6	Last Known Street Address1	Provide last known address
7	Last Known Street Address2	Provide last known address
8	Last Known City	Provide last known City
9	Last Known State	Provide last known 2 character State ID (ie. MD)
10	Last Known Zip Code	Provide last known 5-digit zip code
11	Name of the Academic Program of Study	Provide the name of the last academic program of study. DO NOT use the numeric value and DO NOT insert quotes or commas.
12	Most Recent Date of Enrollment (YYYYMMDD)	Provide the most recent date of enrollment using the YYYYMMDD format (ie. 20200601)