

A0. Respondent Information (Not for Publication)

First Name	<input type="text"/>
Last Name	<input type="text"/>
Title	<input type="text"/>
Office	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip	<input type="text"/>
Country	<input type="text"/>
Phone Number	<input type="text"/>
E-mail Address	<input type="text"/>

Are your responses to the CDS posted for reference on your institution's Web site?

Yes

No

If yes, please provide the URL of the corresponding Web page

A0A. We invite you to indicate if there are items on the CDS for which you cannot use the requested analytic convention, cannot provide data for the cohort requested, whose methodology is unclear, or about which you have questions or comments in general. This information will not be published but will help the publishers further refine CDS items.

A1. Address Information

Name of College/University	<input type="text"/>		
Street Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
City	<input type="text"/>		
State	<input type="text"/>		
Zip	<input type="text"/>		
Country	<input type="text"/>		
Main Institution Phone Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Area Code	Phone Number	Extension
Main Institution Website	<input type="text"/>		
Main Institution E-mail	<input type="text"/>		

Please enter Admissions Office information below:

Street Address (if different)	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
City	<input type="text"/>		
State	<input type="text"/>		
Zip	<input type="text"/>		
Country	<input type="text"/>		
Admissions Phone Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Area Code	Phone Number	Extension
Admissions Toll-Free Phone Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Area Code	Phone Number	Extension
Admissions E-mail Address	<input type="text"/>		

If there is a separate URL for your school's online application, please specify:

<input type="text"/>

If you have a mailing address other than the one listed above to which applications should be sent, please provide:

<input type="text"/>

A2. Source of institutional control (select one only)

- Public
- Private (nonprofit)
- Proprietary

A3. Classify your undergraduate institution

- Coeducational college
- Men's college
- Women's college

A4. Academic year calendar

- Semester
- Continuous
- Quarter
- Differs by program (describe):
- Trimester
- Other (describe):
- 4-1-4

A5. Degrees offered by your institution

<input type="checkbox"/> Certificate	<input type="checkbox"/> Post-bachelor's certificate
<input type="checkbox"/> Diploma	<input type="checkbox"/> Master's
<input type="checkbox"/> Associate	<input type="checkbox"/> Post-master's certificate
<input type="checkbox"/> Transfer Associate	<input type="checkbox"/> Doctoral degree research/scholarship
<input type="checkbox"/> Terminal Associate	<input type="checkbox"/> Doctoral degree -- professional practice
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Doctoral degree -- other

A6. Diversity, Equity, and Inclusion

If you have a diversity, equity, and inclusion office or department, please provide the URL of the corresponding Web page: