

INTEGRATED POSTSECONDARY EDUCATION DATA SYSTEM

User : SUPER1

Login Survey :FALL 2000

Institution ID:

Current Survey :

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[Security](#)
[Tools](#)
[Reports](#)
[Help](#)
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Institutional Identification ?

Please verify the information below, and update as necessary. Asterisks (**) indicate information which is required.

Institution Name

Physical Location:

Street Address

City

**

State

SELECT..

**

Zip Code

- **

Enter Official Name Change Here

Mailing Address (If different from Physical Location):

Street Address

City

State

SELECT..

Zip Code

-

Web Address

http://

[Employer ID No. \(EIN\)](#)

OPEID

[DUNS No.](#)

Chief Administrator:

Name

Title

Telephone Numbers:

General Information

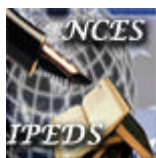
- - Ext. **

Admissions Office

- - Ext.

Financial Aid Office

- - Ext.



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Part A - Educational Offerings



1. Which of the following types of instruction/programs are offered by your institution?

[Check one or more]

- [Occupational](#), may lead to a certificate, degree, or other formal award
- [Academic](#), leading to a certificate, degree, or diploma
- [Continuing professional](#) (postbaccalaureate only)
- Recreational or [avocational \(leisure\) programs](#)
- [Adult basic](#) or remedial instruction or high school equivalency
- Secondary (high school)



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Part B - Organization & Accreditation


[2](#) [3](#)

1. What is your institutional control or affiliation?

- [Public](#) - Specify
 Primary control _____ Secondary control (if applicable)
 SELECT ONE...
- [Private for-profit](#)
 [Private not-for-profit](#) independent (no religious affiliation)
 Private not-for-profit religious affiliation - Specify

2. What award levels are offered by your institution? (One academic year equals 30 semester credit hours or its equivalent, or 900 contact or clock hours.) [Check all that apply]

Award Level

1

BELOW THE BACCALAUREATE:

Postsecondary award, certificate, or diploma of [less than one academic year](#) (less than 900 contact or clock hours)

2

Postsecondary award, certificate, or diploma of [at least one but less than two academic years](#) (at least 900 but less than 1800 contact or clock hours)

3

[Associate's degree](#)

4

Postsecondary award, certificate, or diploma of [at least two but less than four academic years](#) (at least 1800 contact or clock hours)

BACCALAUREATE AND ABOVE:

5

[Bachelor's degree](#) or equivalent

6

[Postbaccalaureate certificate](#)

7

[Master's degree](#)

8

[Post-master's certificate](#)

9

[Doctor's degree](#)

10

[First-professional degree](#)

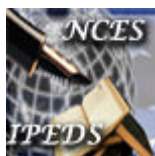
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[First-professional certificate](#) (Post-degree)

12

Other

Caveats :



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Part B - Organization & Accreditation


1 3

3. Does this institution offer any formally organized programs (either academic or occupational) with well defined completion requirements that do not lead to a formal award?

- No
 Yes

4. This institution is accredited by the following [accrediting agency\(ies\)](#). [Check all that apply]

- [National institutional](#) or [specialized](#) accrediting agency
 Regional accrediting agency - Specify
 SELECT ONE
 State accrediting or approval agency
 Not applicable

5. Is this institution or any of its programs, departments, or schools currently accredited by any of the accrediting agencies recognized by the Secretary, U.S. Department of Education, which are on the list of National Institutional and Specialized Accredited

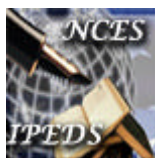
- Yes [List of Accrediting Bodies](#)
 No

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B - Organization & Accreditation - 3

**List Of National Institutional And Specialized Accrediting Bodies Recognized By The Secretary, U.S.
Department Of Education**

Programs accredited at your institution.



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Part C - Admission Requirements & Services



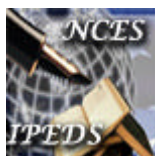
2

1. Does your institution have an [open admission policy](#) for all or most entering first-year undergraduate-level students?

- Yes
 No
 This institution does not admit first-year undergraduate-level students

If you answered NO, please select the box that best describes how your institution uses any of the following data in its selection process.

Admission Considerations	Required	Recommended	Neither Required Nor Recommended	Don't Know
Secondary school GPA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary school rank	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary school record	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Completion of college-preparatory program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recommendations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Formal demonstration of competencies (e.g., portfolios, certificates of mastery, assessment instruments)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Admission test scores (SAT , ACT , etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TOEFL (Test of English as a Foreign Language)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Part C - Admission Requirements & Services

**1**

2. If your institution grants a bachelor's degree or higher but does not offer a full 4-year program of study at the undergraduate level, how many years of completed college-level work are required for entrance?

Number of years

3. Which of the following selected student services are offered by your institution?

[Check all that apply]

- [Remedial services](#)
- Academic/career [counseling services](#)
- [Employment services for current students](#)
- [Placement services for program completers](#)
- On-campus [day care](#) for children of students
- None of the above

4. Does your institution have its own [library](#) or are you financially supporting a [shared library](#) with another [postsecondary education institution](#)?

- Have our own library
- Do not have our own library but contribute financial support to a shared library
- Neither of the above



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Part D - Student Charges


[2](#) [3](#) [4](#) [5](#) [6](#) _ _ _ _ _

Your response to the next question determines how your institution reports graduation rate data in the spring and how you report student charges in Part D of this survey.

1. What is the predominant [calendar system](#) at this institution? [Choose one]

Standard academic terms

Checking one of these systems determines that your institution will provide graduation rate data based on a [FALL COHORT](#) and student charges based on a FULL [ACADEMIC YEAR](#)

- [Semester](#)
- [Quarter](#)
- [Trimester](#)
- [4-1-4 or similar plan](#)

Other calendar systems

Checking one of the following determines that your institution will provide graduation rate data based on a [FULL YEAR COHORT](#) and student charges data will be requested by PROGRAM.

- [Differs by program](#)
- [Continuous basis](#) (every 2 weeks, monthly, or other period)

2. Is an [application fee](#) for admission required by your institution?

- No
- Yes - Indicate amount of application fee

Undergraduate	\$
Graduate	\$
First-professional	\$

3. Does your institution enroll any [full-time students](#)?

- No
- Yes - Indicate levels below
 - [Undergraduate \(academic or occupational programs\)](#)
 - [First-time first-year degree/certificate seeking undergraduates](#)
 - [Graduate](#)
 - [First-professional](#)

4. Does your institution charge different [tuition](#) for [out-of-state students](#)?

- No
- Yes

5. Does your institution provide on-campus housing?

- No
- Yes - Specify [dormitory capacity](#) for academic year 2000-2001

6. Do you provide board or meal plans to your students?

- No
- Yes - Number of meals per week in the **maximum** meal plan offered
- Yes - Number of meals per week can vary (for example, student receives a meal card and charges meals against the card)

Part D - Student Charges

Note: Prior year data are displayed in red.

7. Charges to full-time undergraduate students for the full academic year 2000 -2001:

	<u>In-district</u>	<u>In-state</u>	<u>Out-of-state</u>
All Full-Time Undergraduates			
Average <u>tuition</u>	\$ _____ (PY)	\$ _____ (PY)	\$ _____ (PY)
<u>Required fees</u>	\$ _____ (PY)	\$ _____ (PY)	\$ _____ (PY)
Per credit hour charge	\$ _____ (PY)	\$ _____ (PY)	\$ _____ (PY)
<u>Comprehensive fee</u>	\$ _____ (PY)	\$ _____ (PY)	\$ _____ (PY)
(if Tuition / Room / Board cannot be separated)			

Part D - Student Charges

Note: Prior year data are displayed in red.

8. Charges to full-time graduate students for the full academic year 2000-2001:

	<u>In-district</u>	<u>In-state</u>	<u>Out-of-state</u>
Average <u>tuition</u>	\$ _____ (PY)	\$ _____ (PY)	\$ _____ (PY)
<u>Required fees</u>	\$ _____ (PY)	\$ _____ (PY)	\$ _____ (PY)
Per credit hour charge	\$ _____ (PY)	\$ _____ (PY)	\$ _____ (PY)

Part D - Student Charges

9. List the typical tuition and required fees for a full-time first-professional student for the full academic year 2000-2001.

Note - Do NOT include room and board charges.

First Professional Student	In-state	Out-of-state
1. Chiropractic (D.C. or D.C.M.) :		
Tuition amount -	\$ _____ (PY)	\$ _____ (PY)
Required fees -	\$ _____ (PY)	\$ _____ (PY)
2. Dentistry (D.D.S. or D.M.D.) :		
Tuition amount -	\$ _____ (PY)	\$ _____ (PY)
Required fees -	\$ _____ (PY)	\$ _____ (PY)
3. Medicine (M.D.):		
Tuition amount -	\$ _____ (PY)	\$ _____ (PY)
Required fees -	\$ _____ (PY)	\$ _____ (PY)
4. Optometry (O.D.) :		
Tuition amount -	\$ _____ (PY)	\$ _____ (PY)
Required fees -	\$ _____ (PY)	\$ _____ (PY)
5. Osteopathic Medicine (D.O.) :		
Tuition amount -	\$ _____ (PY)	\$ _____ (PY)
Required fees -	\$ _____ (PY)	\$ _____ (PY)
6. Pharmacy (Pharm. D.) :		
Tuition amount -	\$ _____ (PY)	\$ _____ (PY)
Required fees -	\$ _____ (PY)	\$ _____ (PY)
7. Podiatry (Pod.D., D.P., or D.P.M.) :		
Tuition amount -	\$ _____ (PY)	\$ _____ (PY)
Required fees -	\$ _____ (PY)	\$ _____ (PY)
8. Veterinary Medicine (D.V.M.) :		
Tuition amount -	\$ _____ (PY)	\$ _____ (PY)
Required fees -	\$ _____ (PY)	\$ _____ (PY)
9. Law (LL.B. or J.D.) :		
Tuition amount -	\$ _____ (PY)	\$ _____ (PY)
Required fees -	\$ _____ (PY)	\$ _____ (PY)
10. Theology (M.Div., M.H.L., B.D. or Ordination) :		
Tuition amount -	\$ _____ (PY)	\$ _____ (PY)
Required fees -	\$ _____ (PY)	\$ _____ (PY)
11. Other - Specify : _____		
Tuition amount -	\$ _____ (PY)	\$ _____ (PY)
Required fees -	\$ _____ (PY)	\$ _____ (PY)

Part D - Student Charges

Note: Prior year data are displayed in red.

10. What are the typical room and board charges for a student for the full academic year 2000-2001?

If your institution does not provide room or board, enter NA. If your institution provides room or board free of charge, enter zero.

If your institution provides room or board free of charge, enter zero.

Room and Board Charges

Amount

Room charge (Double occupancy) \$ _____ (PY)

Board charge (Maximum plan) \$ _____ (PY)

Combined room and board charge \$ _____ (PY)

(Answer only if you CANNOT
SEPARATE room and board charges.)

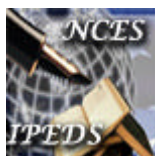
Part D - Student Charges

11. Price of attendance for full-time, first-time undergraduate students:

Please enter the amounts indicated below. These are the data that will be available to the public on the IPEDS COOL (College Opportunities On-Line) website. Please note that data for prior years can be corrected. If your institution participates in any Title IV programs (Pell, Stafford, etc.), please complete all information for the current year. Estimates of expenses for books and supplies, room and board, and other expenses are those used by your financial aid office for determining financial need.

Charges for full academic year	1998 - 1999	1999 - 2000	2000 - 2001
Published tuition and fees:			
In-district	\$ _____	\$ _____	\$ _____
In-state	\$ _____	\$ _____	\$ _____
Out-of-state	\$ _____	\$ _____	\$ _____
Books and supplies	\$ _____	\$ _____	\$ _____
On campus:			
Room and board	\$ _____	\$ _____	\$ _____
Other expenses	\$ _____	\$ _____	\$ _____
Off campus (not with family):			
Room and board	\$ _____	\$ _____	\$ _____
Other expenses	\$ _____	\$ _____	\$ _____
Off campus (with family):			
Other expenses	\$ _____	\$ _____	\$ _____

CAVEATS



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Part E - Additional Information



1. Does this institution offer training through the Reserve Officers Training Corps (ROTC)?

- No
 Yes - **Which branch of the service?**

[Check all that apply]

- Army
 Navy
 Air Force

2. Is this institution a member of a national athletic association?

- No
 Yes - Check all that apply

- National Collegiate Athletic Association (NCAA)
 National Association of Intercollegiate Athletics (NAIA)
 National Junior College Athletic Association (NJCAA)
 National Small College Athletic Association (NSCAA)
 National Christian College Athletic Association (NCCAA)
 Other

3. If this institution is a member of the NCAA or NAIA, specify the conference FOR EACH SPORT using the droplist.

Sport	NCAA or NAIA Member	Conference
Football	<input type="radio"/> No <input type="radio"/> Yes - Specify	- Select One..
Basketball	<input type="radio"/> No <input type="radio"/> Yes - Specify	- Select One..
Baseball	<input type="radio"/> No <input type="radio"/> Yes - Specify	- Select One..
Cross Country and/or Track	<input type="radio"/> No <input type="radio"/> Yes - Specify	- Select One..