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Institution ID: Current Survey :

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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



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1. What is your institutiona	I control or affiliation?
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Public - SpecifyPrimary control

Secondary control (if applicable)

SELECT ONE...

- Private for-profit
- Private not-for-profit independent (no religious affiliation)
- O 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		BELOW THE BACCALAUREATE:
1		Postsecondary award, certificate, or diploma of <u>less than one</u> <u>academic year</u> (less than 900 contact or clock hours)
2		Postsecondary award, certificate, or diploma of <u>at least one but less than two academic years</u> (at least 900 but less than 1800 contact or clock hours)
3		Associate's degree
4	ā	Postsecondary award, certificate, or diploma of <u>at least two but less than four academic years</u> (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
11		First-professional certificate (Post-degree)
12		Other



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	offer any formally organ requirements that do not			r occupational) wit	<u>3</u> h well
O No					
C Yes					
	credited by the following		cy(ies). [Check	all that apply]	
	nal or specialized accred	iting agency			
Regional accrediti	ing agency - Specify E				
State accrediting	or approval agency				
■ Not applicable					
accrediting agencies	any of its programs, dep s recognized by the Secr onal and Specialized Acci	etary, U.S. Departr redit			
Yes	List of Accrediting B	<u>Bodies</u>			
O 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



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

- Yes
- O No
- C 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	\circ	\circ	\circ	\odot
Secondary school rank	\odot	\circ	\circ	\circ
Secondary school record	\circ	\circ	\circ	\circ
Completion of college-preparatory program	O	O	O	0
Recommendations	\circ	\circ	O	0
Formal demonstration of competencies (e.g., portfolios, certificates of mastery, assessment instruments) Admission test scores (SAT, ACT,	0	O	O	O
etc.)	\circ	\circ	0	0
TOEFL (Test of English as a Foreign Language)	\circ	O	0	0



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Part C - Admission Requirements & Services



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 <u>library</u> or are you financially supporting a <u>shared library</u> with another <u>postsecondary education institution?</u>
C Have our own library
O Do not have our own library but contribute financial support to a shared library
O Neither of the above



Graduate

☐ First-professional

INTEGRATED POSTSECONDARY EDUCATION DATA SYSTEM

User: SUPER1 Login Survey: FALL 2000 Institution ID: Current Survey: **Inst Char Data Security Tools Reports Help Log Out** Page: 1 of 18 Part D - Student Charges <u>2 3 4 5 6 _ _ _ </u> 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 C 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? \bigcirc Nο Yes - Indicate amount of application fee Undergraduate \$ Graduate \$ First-professional 3. Does your institution enroll any full-time students? O No Yes - Indicate levels below Undergraduate (academic or occupational programs) First-time first-vear degree/certificate seeking undergraduates

4.	Doe	es your institution charge different <u>tuition</u> for <u>out-of-state students?</u>
	0	No
	\odot	Yes
5.	Doe	es your institution provide on-campus housing?
	0	No
	0	Yes - Specify dormitory capacity for academic year 2000-2001
6.	Do	you provide board or meal plans to your students?
	\odot	No
	\odot	Yes - Number of meals per week in the maximum meal plan offered
	\odot	Yes - Number of meals per week can vary (for example, student receives a meal card and charges meals against the card)

7. How many programs (measured in contact or clock hours) are offered at your institution
Specify number of programs
8. Does your institution offer any programs of at least 300 contact or clock hours?
○ Yes
C No

Note: Prior year data are displayed in red.

9. Price of attendance for entering 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.

Largest program:			
CIP Code	(PY)		
Title	(PY)		
Total length of program	()		
in contact hours	(PY)		
If your largest program has changed from enter a new largest program and subm			pears above, check here to
CIP Code	it data for the last time	e academic years. =	
Title			
Total length of program			
in contact hours			
Published Student Charges	1998 - 1999	1999 - 2000	2000 - 2001
Tuition & fees	\$	\$	\$
Books & supplies	\$	\$	\$
Enrollment			·
On campus:			
Room and board	\$	\$	\$
Other expenses	\$	\$	\$
Off campus (not with family):	·	·	·
Room and board	\$	\$	\$
Other expenses	\$ \$	\$	\$
Off campus (with family):	·	Ŧ <u> </u>	·
Other expenses	\$	\$	\$

10. Please list the next five largest programs at your institution and provide the following information for each program. Report the tuition and fees and the cost of books and supplies for the TOTAL LENGTH OF THE PROGRAM. Length of program should be reported

Cip Code	Tuition & Required Fees	Cost of Books & Supplies	Total Length of Program
2nd Title	\$	\$	
3rd Title	\$	\$	
4th Title	\$	\$	
5th Title	\$	\$	
6th Title	\$	\$	
CAVEATS			

Back

Note: Prior year data are displayed in red.

10. What are the typical room and board charges f	or a student for the full academic year 2000-2001?
If your institution does not provide room or board, en	ter NA. If your institution provides room or board free of
charge, enter zero.	
If your institution provides room or board free of char	ge, enter zero.
Poom and Board Charges	Amount

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.)			



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		onal Information		(7.270\)	?
1. Does this institution offer No	training through th	e Reserve Officers	Training Corps	s (ROTC)?	
Yes - Which branch o [Check all that apply] Army Navy Air Force	f the service?				
2. Is this institution a member	er of a national athl	etic association?			
O No					
 Yes - Check all that app 	•				
National Collegia					
	ion of Intercollegiate ollege Athletic Asso	, ,			
	ollege Athletic Assoc	,			
	College Athletic As	,			
Other	3	,			
3. If this institution is a mem the droplist.	ber of the NCAA or	NAIA, specify the	conference FO	R EACH SPORT using	
Sport		NCAA or NAIA	Member	Conference	
Football		○ No ○ Yes	s - Specify	- Select One	
Basketball		O No O Yes	s - Specify	- Select One	
Baseball		O No O Yes	s - Specify	- Select One	
Cross Country and/or Track		○ No ○ Yes	s - Specify	- Select One	