

## Common Data Set A: General Information (2013-2014)

[Instructions and Help](#)[Glossary of Terms](#)

## Respondent Information (Not for Publication)

A0

Name:	<input type="text"/>
Title:	<input type="text"/>
Office:	<input type="text"/>
Mailing Address:	<input type="text"/> <input type="text"/>
City/State/Zip:	<input type="text"/> <input type="text"/> <input type="text"/>
Country:	United States
Phone:	<input type="text"/>
Fax:	<input type="text"/>
Email Address	<input type="text"/>
Are your responses to the CDS posted for references on your institution's Web site?	Yes No
If yes, please provide the URL of the corresponding Web page:	<input type="text"/>
We invite you to indicate if there are items on the CDS for which you cannot use the requested analytic convention, or 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 This information will not be published but will help the publishers further refine CDS items.	

## Address Information

A1

Name of College/University:	<input type="text"/>
Mailing Address:	<input type="text"/> <input type="text"/>
City/State/Zip:	<input type="text"/> <input type="text"/> <input type="text"/>
Country:	United States
Street Address (if different):	<input type="text"/> <input type="text"/>
Main Phone Number:	<input type="text"/>
WWW Home Page Address:	<input type="text"/>

Admissions Phone Number			
Admissions Toll-Free Phone Number:			
Admissions Office Mailing Address:			
City/State/Zip:			
Country:		United States	
Admissions Fax Number:			
Admissions Email Address:			
If there is a separate URL for your school's online application, please specify:			
If you have a mailing address other than the above to which applications should be sent, please provide:			
City/State/Zip:			
Country:			

**Source of institutional control (Check only one):**

A2

	Public	Private (nonprofit)	Proprietary
--	--------	---------------------	-------------

**Classify your undergraduate institution:**

A3

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

**Academic year calendar:**

A4

	Semester
	Quarter
	Trimester
	4/1/4
	Continuous
	Differs By Program

	Other
If you chose 'Differs', please describe here:	<input type="text"/>
If you chose 'Other', please describe here:	<input type="text"/>

## Degrees offered by your institution:

A5

	Certificate Diploma Associate Transfer Associate Terminal Associate Bachelor's PostBachelor's certificate Master's Post-Master's certificate Doctoral Doctoral/Research Doctoral/Professional Doctoral Other
--	--

PLEASE NOTE THE FOLLOWING:

- 1) Saving the form does not Lock it. You may return at any time to make changes or update your data.
- 2) Once you have saved all of your forms, you will receive no further email reminders for the active data collection campaign.

I certify that the data contained in this form are accurate, correct, and up-to-date.

Name:	<input type="text"/>
Title:	<input type="text"/>
Phone:	<input type="text"/>
Email:	<input type="text"/>

If you have questions or would like to contact our Technical Support staff, you can e-mail them at [surveysupport@review.com](mailto:surveysupport@review.com)