

Common Data Set A: General Information (2016-2017)[Instructions and Help](#)[Glossary of Terms](#)

*Please note that in order to save this form, you must fill in the four respondent information boxes at the bottom of the page (Name, Title, Phone #, Email). This must be done each time you save the form. Failure to do so may result in losing the information you have entered.

*Please note that the survey works best with: Chrome, Firefox, or Internet Explorer.

Respondent Information (Not for Publication)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 This information will not be published but will help the publishers further refine CDS items.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	<input type="text"/>	
Admissions Toll-Free Phone Number:	<input type="text"/>	
Admissions Office Mailing Address:	<input type="text"/>	<input type="text"/>
City/State/Zip:	<input type="text"/>	<input type="text"/>
Country:	United States	
Admissions Fax Number:	<input type="text"/>	
Admissions Email 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 above to which applications should be sent, please provide:	<input type="text"/>	<input type="text"/>
City/State/Zip:	<input type="text"/>	<input type="text"/>
Country:	United States	

Source of institutional control (Check only one):

A2

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public	Private (nonprofit)	Proprietary

Classify your undergraduate institution:

A3

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coeducational college	Men's college	Women's college

Academic year calendar:

A4

<input type="checkbox"/>	<input type="checkbox"/>
Semester	Quarter

Trimester
4/1/4
Continuous
Differs By Program
Other

If you chose 'Differs', please describe here:

If you chose 'Other', please describe here:

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:

Title:

Phone:

Email:

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