

**A. General Information**

**A0 Respondent Information (Not for Publication)**

|    |  |   |     |    |
|----|--|---|-----|----|
| A0 | Name:  | John Kalb   |     |    |
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| A0 | Office:  | Office of Institutional Research  |     |    |
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| A0 | Are your responses to the CDS posted for reference on your institution's Web site? |   | Yes | No |
|    |  |   | X   |    |
| A0 | If yes, please provide the URL of the corresponding Web page:                      | <a href="http://smu.edu/ir/Common_Data_Sets/CDS_11.asp">http://smu.edu/ir/Common_Data_Sets/CDS_11.asp</a> |     |    |

**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 This information will not be published but will help the publishers further refine CDS items.

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**A1 Address Information**

|    |  |  |
|----|--|--|
| A1 | Name of College/University:  | SOUTHERN METHODIST UNIVERSITY                                |
| A1 | Mailing Address:   | P.O. BOX 750181  |
| A1 | City/State/Zip/Country:  | DALLAS, TEXAS 75275  |
| A1 | Street Address (if different):   | 6425 BOAZ LANE   |
| A1 | City/State/Zip/Country:  | DALLAS, TEXAS 75205  |
| A1 | Main Phone Number:   | (214) 768-2000   |
| A1 | WWW Home Page Address:   | <a href="http://www.smu.edu">www.smu.edu</a>                 |
| A1 | Admissions Phone Number:   | (214) 768-2058   |
| A1 | Admissions Toll-Free Phone Number:   | 1-800-323-0672   |
| A1 | Admissions Office Mailing Address:   | P.O. BOX 750181  |
| A1 | City/State/Zip/Country:  | DALLAS, TEXAS 75275  |
| A1 | Admissions Fax Number:   | (214) 768-0103   |
| A1 | Admissions E-mail Address:   | <a href="mailto:uqadmission@smu.edu">uqadmission@smu.edu</a> |
| A1 | If there is a separate URL for your school's online application, please specify:                         | <a href="http://www.smu.edu/apply">www.smu.edu/apply</a>     |
| A1 | If you have a mailing address other than the above to which applications should be sent, please provide: |  |

**A2 Source of institutional control (Check only one):**

|    |                     |   |
|----|---------------------|---|
| A2 | Public              |   |
| A2 | Private (nonprofit) | X |
| A2 | Proprietary         |   |

**A3 Classify your undergraduate institution:**

|    |                       |   |
|----|-----------------------|---|
| A3 | Coeducational college | X |
| A3 | Men's college         |   |
| A3 | Women's college       |   |

**A4 Academic year calendar:**

|    |                                |   |
|----|--------------------------------|---|
| A4 | Semester                       | X |
| A4 | Quarter                        |   |
| A4 | Trimester                      |   |
| A4 | 4-1-4                          |   |
| A4 | Continuous                     |   |
| A4 | Differs by program (describe): |   |
| A4 | Other (describe):              |   |

**A5 Degrees offered by your institution:**

|    |  |   |
|----|--|---|
| A5 | Certificate                              |   |
| A5 | Diploma                                  |   |
| A5 | Associate                                |   |
| A5 | Transfer Associate                       |   |
| A5 | Terminal Associate                       |   |
| A5 | Bachelor's                               | X |
| A5 | Postbachelor's certificate               | X |
| A5 | Master's                                 | X |
| A5 | Post-master's certificate                | X |
| A5 | Doctoral degree research/scholarship     | X |
| A5 | Doctoral degree -- professional practice | X |
| A5 | Doctoral degree -- other                 |   |