

A0. Respondent Information (Not for Publication)

LAST NAME

FIRST NAME

Title

Office

Address

City

State

Zip

Country

Phone NUMBER

E-mail Address

Are your responses to the CDS posted for reference on your institution's web site?

Yes/No

STATE OF TEXAS

ZKLFK

ZLOO KHOS WKH

A1. Address Information

Name of College/University

6 W U H H W Address

City

State

Zip

Country

Main , Q V W L P X W N R R

Area Code

Phone Number

Extension

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6 W U S H G W H V V L I G L I I H U H Q W

City

State

Zip

Country

Admissions Phone Number

Area Code

Phone Number

Extension

Admissions Toll-Free Phone Number

Area Code

Phone Number

Extension

Admissions E-mail Address

If there is a separate URL for your school's online application, please specify

If you have a mailing address other than the R Q H D L V W H O to which applications should be sent, please provide

- Public
- Private (nonprofit)
- Proprietary

A3. Classify your undergraduate institution

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

A4. Academic year calendar

- Semester
- Quarter
- Trimester
- 4-1-4

Continuous

Differs by program (describe)

Other (describe)

A5. Degrees offered by your institution

- | | |
|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> Post-bachelor's certificate |
| <input type="checkbox"/> | <input type="checkbox"/> Master's |
| <input type="checkbox"/> | <input type="checkbox"/> Post-master's certificate |
| <input type="checkbox"/> | <input type="checkbox"/> Doctoral degree research/scholarship |
| <input type="checkbox"/> | <input type="checkbox"/> Doctoral degree professional practice |
| <input type="checkbox"/> | <input type="checkbox"/> Doctoral degree other |

If you have a diversity, equity, and inclusion office or department, please provide the URL of the corresponding Web page:

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