

## Part A - Educational Offerings

1. Which of the following types of instruction/programs are offered by your institution? [Check one or more]

<input type="checkbox"/>	<a href="#">Occupational</a> , may lead to a certificate, degree, or other formal award
<input checked="" type="checkbox"/>	<a href="#">Academic</a> , leading to a certificate, degree, or diploma
<input checked="" type="checkbox"/>	<a href="#">Continuing professional</a> (postbaccalaureate only)
<input checked="" type="checkbox"/>	Recreational or <a href="#">avocational (leisure) programs</a>
<input checked="" type="checkbox"/>	<a href="#">Adult basic</a> or remedial instruction or high school equivalency
<input type="checkbox"/>	Secondary (high school)

## Part B - Organization and Accreditation

1. What is your institutional control or affiliation?

<input checked="" type="radio"/>	<a href="#">Public</a> - Specify	
	Primary control	Secondary control (if applicable)
<input type="radio"/>	Private for-profit	
<input type="radio"/>	<a href="#">Private not-for-profit</a> independent (no religious affiliation)	
<input type="radio"/>	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	<input checked="" type="checkbox"/>	<a href="#">Postsecondary award, certificate, or diploma of less than one academic year</a> (less than 900 contact or clock hours)
2	<input type="checkbox"/>	<a href="#">Postsecondary award, certificate, or diploma of at least one but less than two academic years</a> (at least 900 but less than 1800 contact or clock hours)
3	<input type="checkbox"/>	Associate's degree
4	<input type="checkbox"/>	<a href="#">Postsecondary award, certificate, or diploma of at least two but less than four academic years</a> (at least 1800 contact or clock hours)
		BACCALAUREATE AND ABOVE:
5	<input checked="" type="checkbox"/>	<a href="#">Bachelor's degree</a> or equivalent
6	<input checked="" type="checkbox"/>	Postbaccalaureate certificate

	7	<input checked="" type="checkbox"/>	Master's degree
	8	<input checked="" type="checkbox"/>	Post-master's certificate
	9	<input type="checkbox"/>	Doctor's degree
	10	<input type="checkbox"/>	First-professional degree
	11	<input type="checkbox"/>	<a href="#">First-professional certificate</a> (Post-degree)
	12	<input type="checkbox"/>	Other; please specify in the Caveats box

CAVEATS

## Part B - Organization and Accreditation

3. Does this institution offer any formally organized programs (either academic or occupational) with well defined completion requirements that do not lead to a formal award?

☐ No

☒ Yes - Specify

☒ Undergraduate

☒ Graduate

4. This institution is accredited by the following [accrediting agency\(ies\)](#). [Check all that apply]

☒ [National institutional](#) or [specialized](#) accrediting agency

☒ Regional accrediting agency - Specify

☒ State accrediting or approval agency

☐ Not applicable

5. Is this institution or any of its programs, departments, or schools currently accredited by any of the accrediting agencies recognized by the Secretary, U.S. Department of Education, which are on the list of National Institutional and Specialized Accrediting Bodies?

☒ Yes [List of Accrediting Bodies](#)

☐ No

## Part B - Organization and Accreditation

### American Dietetic Association, The

- ☒ Dietetics (DIET) - Coordinated undergraduate and graduate programs
- ☒ Dietetics (DIETI) - Postbaccalaureate dietetic internship programs

### American Speech-Language-Hearing Association

- ☒ Audiology (AUD) - Graduate degree programs
- ☒ Speech-Language Pathology (SP) - Graduate degree programs

### Council on Education for Public Health

- ☒ Community Health/Preventive Medicine (CHPM) - Graduate programs offered outside schools of public health

### New York State Board of Regents (a nationally recognized State agency)

- ☒ Accreditation of collegiate degree-granting programs or curricula offered by institutions of higher education and of credit-bearing certificate and diploma programs offered by degree-granting institutions of higher education located in the state of New Y

## Part C - Admission Requirements and Services

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

- ☐ Yes
- ☒ No
- ☐ This institution does not admit first-year undergraduate-level students.

CAVEATS

## Part C - Admission Requirements and Services

2. Please select the option that best describes how your institution uses any of the following data in its undergraduate selection process.

Admission Considerations	Required	Recommended	Neither Required nor Recommended	Don't Know
Secondary school GPA	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary school rank	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Secondary school record	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Completion of college-preparatory program	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recommendations	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Formal demonstration of competencies (e.g., portfolios, certificates of mastery, assessment instruments)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<a href="#">Admission test scores</a> ( <a href="#">SAT</a> , <a href="#">ACT</a> , etc.)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<a href="#">TOEFL</a> (Test of English as a Foreign Language)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Part C - Admission Requirements and Services

3. Please provide the number of [first-time first-year](#), [degree/certificate-seeking](#) students who applied, were admitted, and enrolled (full or part time) at your institution for the most recent Fall period available. Include [early decision](#), [early action](#), and students who began studies during the summer prior to that fall. See instructions for further information.

Select reporting period:	<input checked="" type="radio"/> Fall 2001	<input type="radio"/> Fall 2002
	Men	Women
Number of <a href="#">applicants</a>	2239	3140
Number of <a href="#">admissions</a>	933	1354
Number enrolled <a href="#">full time</a>	426	591
Number enrolled <a href="#">part time</a>	17	46

4. If test scores are required for admission and 60 percent or more of your enrolled students [first-time first-year degree/certificate-seeking (undergraduate) students] submitted scores for a given test, please provide the following information: the number and percentage of students submitting SAT/ACT scores and the 25th and 75th percentile scores for each test. Provide data for the most recent group of students for which data are available; include new students admitted the summer prior to that fall.

Select reporting period	<input checked="" type="radio"/> Fall 2001	<input type="radio"/> Fall 2002
Number submitting <a href="#">SAT</a> scores	766	
Percent submitting SAT scores	99	
Number submitting <a href="#">ACT</a> scores		
Percent submitting ACT scores		
	25th Percentile	75th Percentile
SAT I Verbal	430	560
SAT I Math	460	570
ACT Composite		
ACT English		
ACT Math		

## Part C - Admission Requirements and Services

5. Does your institution accept any of the following? [Check all that apply]

<input checked="" type="checkbox"/>	<a href="#">Dual credit</a> (college credit earned while in high school)
<input checked="" type="checkbox"/>	Credit for life experiences
<input checked="" type="checkbox"/>	Advanced placement (AP) credits
<input type="checkbox"/>	None of the above

6. What types of special learning opportunities are offered by your institution? [Check all that apply]

<input type="checkbox"/>	Accelerated programs
<input type="checkbox"/>	Cooperative (work-study) programs
<input checked="" type="checkbox"/>	Distance learning opportunities
<input checked="" type="checkbox"/>	Dual enrollment
<input type="checkbox"/>	ROTC
<input type="checkbox"/>	<input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force
<input checked="" type="checkbox"/>	Study abroad
<input type="checkbox"/>	Weekend college

<input checked="" type="checkbox"/>	<a href="#">Teacher certification</a> (below the postsecondary level)
<input checked="" type="checkbox"/>	Students can complete their preparation in certain areas of specialization
<input type="checkbox"/>	Students must complete their preparation at another institution for certain areas of specialization
<input checked="" type="checkbox"/>	This institution is approved by the state for the initial certification or licensure of teachers
<input type="checkbox"/>	None of the above

## Part C - Admission Requirements and Services

7. 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	
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8. Which of the following selected students services are offered by your institution? [Check all that apply]

<input type="checkbox"/>	Remedial services
<input checked="" type="checkbox"/>	Academic/career <a href="#">counseling services</a>
<input checked="" type="checkbox"/>	Employment services for current students
<input checked="" type="checkbox"/>	Placement services for program completers
<input checked="" type="checkbox"/>	On-campus <a href="#">day care</a> for children of students
<input type="checkbox"/>	None of the above

9. Does your institution have its own [library](#) or are you financially supporting a [shared library](#) with another [postsecondary education institution](#)?

<input checked="" type="radio"/>	Have our own library
<input type="radio"/>	Do not have our own library but contribute financial support to a shared library
<input type="radio"/>	Neither of the above

## Part D - Student Charges

Your response to the next question determines how your institution reports graduation rates data in the spring and how you report student charges in Part D of this survey.

1. What is the predominant [calendar system](#) at the institution? [Choose one]

**Standard academic terms**

Checking one of these systems determines that your institution will provide graduation rates data based on a [FALL COHORT](#) and student charges based on a [FULL ACADEMIC YEAR](#)

- ☒ Semester
- ☐ Quarter
- ☐ Trimester
- ☐ 4-1-4 or similar plan
- ☐ Other academic calendar

**Other calendar system**

Checking one of the following determines that your institution will provide graduation rates 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?

<input type="radio"/> No		
<input checked="" type="radio"/> Yes - Indicate amount of application fee	Amount	Prior year
Undergraduate	40	40
Graduate	40	40
First-professional		

**Part D - Student Charges**

3. Does your institution enroll any [full-time students](#)? You must answer this question.

☐ No

☒ Yes - Indicate levels below

Undergraduate (academic or occupational programs)

☐ No

☒ Yes

First-time, first-year degree/certificate seeking (undergraduate) students

☐ No

☒ Yes

Graduate

☐ No

☒ Yes

First-professional

☒ No

☐ Yes

4. Does your institution enroll any of the following types of [part-time students](#)? You must answer this question.

☐ No

☒ Yes - Indicate levels below

Undergraduate (academic or occupational programs)

☐ No

☒ Yes

First-time, first-year degree/certificate seeking (undergraduate) students

☐ No

☒ Yes

Graduate

☐ No

☒ Yes

5. Does your institution charge different [tuition](#) for [in-district](#), [in-state](#), or [out-of-state](#) students?

☐ No

☒ Yes

6. Does your institution provide on-campus housing?

☒ No

☐ Yes

Specify [dormitory capacity](#) for academic year 2002-2003.

7. Do you provide [board](#) or meal plans to your students?

☒ No

☐ Yes - Number of meals per week in the maximum meal plan offered



○	Yes - Number of meals per week can vary (for example, student receives a meal card and charges meals against the card)

Part D - Student Charges

8. Charges to [full-time undergraduate students](#) for the full [academic year](#) 2002-2003

	In-district	Prior year	In-state	Prior year	Out-of-state	Prior year
All full-time <a href="#">undergraduates</a>						
Average <a href="#">tuition</a>	3200	3200	3200	3200	6800	6800
Required fees	353	203	353	203	353	203
Comprehensive fee	NA		NA		NA	

Report a comprehensive fee only if tuition/room/board charges cannot be separated.

9. Per credit hour charge for [part-time undergraduate students](#)

	In-district	Prior year	In-state	Prior year	Out-of-state	Prior year
Per credit hour charge	135	135	135	135	285	285

Part D - Student Charges

10. Charges to [full-time graduate students](#) for the full [academic year](#) 2002-2003

	In-district	Prior year	In-state	Prior year	Out-of-state	Prior year
Average <a href="#">tuition</a>	4350	4350	4350	4350	7600	7600
Required fees	280	130	280	130	280	130

11. Per credit hour charge for [part-time graduate students](#)

	In-district	Prior year	In-state	Prior year	Out-of-state	Prior year
Per credit hour charge	185	185	185	185	320	320

Part D - Student Charges

14. Price of attendance for full-time, first-time undergraduate students:

Please enter the amounts requested below. These data will be made available to the public on the IPEDS COOL (College Opportunities On-Line) Web site. Data for prior years may be corrected. If your institution participates in any Title IV programs (Pell, Stafford, etc.), you **must** 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.

Charges for full academic year	2000-2001	2001-2002	2002-2003
<b>Published <a href="#">tuition and required fees</a>:</b>			
In-district	3393	3403	3553
In-state	3393	3403	3553
Out-of-state	6993	7003	7153
Books and supplies	600	670	692
<b>On campus:</b>			
<a href="#">Room</a> and <a href="#">board</a>	NA	NA	NA
Other expenses	NA	NA	NA
<b>Off campus (not with family):</b>			
<a href="#">Room</a> and <a href="#">board</a>	6157	6436	6619
Other expenses	3863	3881	3882
<b>Off campus (with family):</b>			
Other expenses	2298	2276	3245
CAVEATS			

Part E - Additional Information

1. Is this institution a member of a national athletic association?

☐ No
 ☒ Yes - Check all that apply

☒ National Collegiate Athletic Association (NCAA)
 ☐ National Association of Intercollegiate Athletics (NAIA)
 ☐ National Junior College Athletic Association (NJCAA)
 ☐ National Small College Athletic Association (NSCAA)
 ☐ National Christian College Athletic Association (NCCAA)
 ☐ Other

2. If this institution is a member of the NCAA or NAIA, specify the conference FOR EACH SPORT using the droplist.

Sport	NCAA or NAIA member		Conference
Football	<input checked="" type="radio"/> No	<input type="radio"/> Yes-Specify	
Basketball	<input type="radio"/> No	<input checked="" type="radio"/> Yes-Specify	
Baseball	<input checked="" type="radio"/> No	<input type="radio"/> Yes-Specify	
Cross country and/or track	<input type="radio"/> No	<input checked="" type="radio"/> Yes-Specify	

## Part E - Additional Information

5. Four-year institutions answer the following question: For academic year 1996-1997, did your institution have any [full-time first-time](#) students enrolled in programs at the baccalaureate level or below?

- ☐ No
- ☐ This institution did not enroll full-time, first-time (undergraduate) students.
- ☐ This institution did not offer programs at or below the baccalaureate level.
- ☐ This institution was not in operation in 1996-1997.
- ☒ Yes

6. Does your institution have 15 or more [full-time employees](#)?

- ☐ No.
- ☒ Yes

7. Do all of the instructional faculty at your institution fall into any of the following categories?

- All are part time
- All are military personnel
- All contribute their services (e.g., member of a religious order)
- All teach pre-clinical or clinical medicine.
- ☒ No
- ☐ Yes