

### A. General Information

**A0 Respondent Information (Not for Publication)**

|    |  |   |     |    |
|----|--|---|-----|----|
| A0 | Name:  | M. Joy Johnson  |     |    |
| A0 | Title:   | Research Associate  |     |    |
| A0 | Office:  | Institutional Research and Planning - St. Olaf College                              |     |    |
| A0 | Mailing Address:   | 1520 St. Olaf Avenue  |     |    |
| A0 | City/State/Zip/Country:  | Northfield, MN 55057 USA  |     |    |
| A0 | Phone:   | 507-646-3390  |     |    |
| A0 | Fax:   |   |     |    |
| A0 | E-mail Address:  | <a href="mailto:johnjoy@stolaf.edu">johnjoy@stolaf.edu</a>                          |     |    |
| 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://www.stolaf.edu/offices/irp/">http://www.stolaf.edu/offices/irp/</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 This information will not be published but will help the publishers further refine CDS items.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:  | St. Olaf College  |
| A1 | Mailing Address:   | 1520 St. Olaf Avenue  |
| A1 | City/State/Zip/Country:  | Northfield, MN 55057  |
| A1 | Street Address (if different):   |   |
| A1 | City/State/Zip/Country:  |   |
| A1 | Main Phone Number:   | 507-646-2222  |
| A1 | WWW Home Page Address:   | <a href="http://www.stolaf.edu">http://www.stolaf.edu</a>   |
| A1 | Admissions Phone Number:   | 507-646-3025  |
| A1 | Admissions Toll-Free Phone Number:   | 800-800-3025  |
| A1 | Admissions Office Mailing Address:   | 1520 St. Olaf Avenue  |
| A1 | City/State/Zip/Country:  | Northfield, MN 55057  |
| A1 | Admissions Fax Number:   | 507-646-3832  |
| A1 | Admissions E-mail Address:   | <a href="mailto:admissions@stolaf.edu">admissions@stolaf.edu</a>  |
| A1 | If there is a separate URL for your school's online application, please specify:                         | <a href="http://www.stolaf.edu/admissions/onlineapp/index.html">http://www.stolaf.edu/admissions/onlineapp/index.html</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              | <input type="checkbox"/>            |
| A2 | Private (nonprofit) | <input checked="" type="checkbox"/> |
| A2 | Proprietary         | <input type="checkbox"/>            |

**A3 Classify your undergraduate institution:**

|    |                       |                                     |
|----|-----------------------|-------------------------------------|
| A3 | Coeducational college | <input checked="" type="checkbox"/> |
| A3 | Men's college         | <input type="checkbox"/>            |
| A3 | Women's college       | <input type="checkbox"/>            |

**A4 Academic year calendar:**

|    |                                |                                     |
|----|--------------------------------|-------------------------------------|
| A4 | Semester                       | <input type="checkbox"/>            |
| A4 | Quarter                        | <input type="checkbox"/>            |
| A4 | Trimester                      | <input type="checkbox"/>            |
| A4 | 4-1-4                          | <input checked="" type="checkbox"/> |
| A4 | Continuous                     | <input type="checkbox"/>            |
| A4 | Differs by program (describe): | <input type="checkbox"/>            |
| A4 | Other (describe):              | <input type="checkbox"/>            |

**A5 Degrees offered by your institution:**

|    |                                |                                     |
|----|--------------------------------|-------------------------------------|
| A5 | Certificate                    | <input type="checkbox"/>            |
| A5 | Diploma                        | <input type="checkbox"/>            |
| A5 | Associate                      | <input type="checkbox"/>            |
| A5 | Transfer Associate             | <input type="checkbox"/>            |
| A5 | Terminal Associate             | <input type="checkbox"/>            |
| A5 | Bachelor's                     | <input checked="" type="checkbox"/> |
| A5 | Postbachelor's certificate     | <input type="checkbox"/>            |
| A5 | Master's                       | <input type="checkbox"/>            |
| A5 | Post-master's certificate      | <input type="checkbox"/>            |
| A5 | Doctoral                       | <input type="checkbox"/>            |
| A5 | First professional             | <input type="checkbox"/>            |
| A5 | First professional certificate | <input type="checkbox"/>            |