

## INSTITUTIONAL IDENTIFICATION 1990-91

Name of Institution Covered by this Report <b>DALTON COLLEGE</b>			UNIT ID <b>139463</b>		
Address <b>213 NORTH COLLEGE DR</b>			Name of County or Independent City <b>WHITFIELD</b>		
City <b>DALTON</b>	State Code <b>GA</b>	Zip <b>30720</b>	Congressional District <b>9</b>		
Name of Chief Administrator and title <b>DERRELL ROBERTS      PRESIDENT</b>			Name and Phone Number of Respondent <b>Beth Burdick - (404) 272-4438</b>		
Phone Numbers: GENERAL INFORMATION <b>(404) 272-4436</b>		FINANCIAL AID OFFICE <b>(404) 272-4545</b>		ADMISSIONS OFFICE <b>(404) 272-4436</b>	

NOTE: Italicized terms are defined in the glossary.

## PART A TYPES OF EDUCATIONAL OFFERINGS

1. Which of the following types of instruction/programs does your institution offer? Check all that apply:

- |  |  |
|--|--|
| <p>a. <input checked="" type="checkbox"/> Occupational (resulting in entry level job skills)</p> <p>b. <input checked="" type="checkbox"/> Academic, leading to a certificate, degree or diploma</p> <p>c. <input checked="" type="checkbox"/> Continuing professional</p> | <p>d. <input checked="" type="checkbox"/> Recreational or avocational programs</p> <p>e. <input checked="" type="checkbox"/> Adult basic or remedial instruction or high school equivalency</p> <p>f. <input type="checkbox"/> Secondary (high school)</p> |
|--|--|

If you checked ONLY d, e, or f please stop and return the form to the NCES/IPEDS Processing Center.

## PART B ORGANIZATION AND ACCREDITATION

1. Will the entity covered by this report complete all of its own IPEDS survey forms?

- a.  Yes. Go to question 2 in Part B.
- b.  No. Please provide the information requested below for the entity that will complete the forms for this institution. (DO NOT specify an office within your institution.)

UNIT ID \_\_\_\_\_

Institution Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Contact Person \_\_\_\_\_

Telephone Number \_\_\_\_\_

Check which forms will be filled out by the institution entered in 1b above.

### IPEDS SURVEY

- |   |  |
|---|--|
| <p>(a.) <input type="checkbox"/> Institutional Characteristics</p> <p>(b.) <input type="checkbox"/> Fall Enrollment</p> <p>(c.) <input type="checkbox"/> Fall Enrollment in Occupationally Specific Programs</p> <p>(d.) <input type="checkbox"/> Completions</p> | <p>(e.) <input type="checkbox"/> Finance</p> <p>(f.) <input type="checkbox"/> Libraries</p> <p>(g.) <input type="checkbox"/> Fall Staff</p> <p>(h.) <input type="checkbox"/> Salaries of Full-Time Instructional Faculty</p> |
|---|--|

Please go to question 3 in Part B.

2. A. Will the entity covered by this report be responsible for completing IPEDS forms for other institutions?

1.  No. Go to question 2B in Part B.
2.  Yes. Please list the following information for these other institutions.

UNIT ID	INSTITUTION NAME	ADDRESS	CITY, STATE,	ZIP CODE

2. B. Does the entity covered by this report offer any postsecondary education programs?

1.  Yes. Please continue with question 3.
2.  No, this is an administrative unit only. Please stop here and return this form to the address shown on the inside cover.

3. What is your institutional control or affiliation? Check all that apply:

a. PUBLIC

- (1)  Federal
- (2)  State
- (3)  Territorial
- (4)  School District
- (5)  County
- (6)  Township
- (7)  City
- (8)  Special District
- (9)  Other

b. PRIVATE

- (1)  Profit Making
- (2)  Nonprofit
  - (a)  Independent (No religious affiliation)
  - (b)  Religious Affiliation
    - Catholic
    - Jewish
    - Protestant (Specify) \_\_\_\_\_
    - Other (Specify) \_\_\_\_\_

4. What award levels are offered by your institution? Check all that apply:

- a.  Postsecondary Award, Certificate or Diploma of Less Than One Academic Year \*
- b.  Postsecondary Award, Certificate or Diploma of At Least One But Less Than Two Academic Years
- c.  Associate's Degree
- d.  Postsecondary Award, Certificate, or Diploma of At Least Two But Less Than Four Academic Years
- e.  Bachelor's Degree
- z.  Other, please specify \_\_\_\_\_

\*One academic year equals 30 semester credit hours or its equivalent, or 900 contact or clock hours.

5. 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?

- a.  No.
- b.  Yes.

6. This institution is accredited by the following accrediting agency(ies). Check all that apply:

- a.  National or Professional Accrediting Agency
- b.  Regional Accrediting Agency
- c.  State Accrediting or Approval Agency
- z.  Not Applicable

7. Do any programs in this institution have specialized accreditation recognized by the U.S. Department of Education? Refer to the attached list.

- a.  No
- b.  Yes If yes, please list the specialized accreditations by code number in the spaces provided.

AGENCY CODES


(Use additional sheets if necessary).

**PART C CALENDAR, ADMISSION REQUIREMENTS AND SERVICES**

1. What is the predominant calendar system at this institution? Check one:

- a.  Semester
- b.  Quarter
- c.  Trimester
- d.  Four-One-Four Plan (4-1-4)
- e.  Differs by program
- z.  Other, please specify \_\_\_\_\_

2. Please check below all locations where credit/non-credit courses are offered.

- a. CREDIT
  - (1)  In-State
  - (2)  Out-of-State
  - (3)  Abroad
- b. NON-CREDIT
  - (1)  In-State
  - (2)  Out-of-State
  - (3)  Abroad

3. Please check below all facilities where credit/non-credit courses are offered.

a. CREDIT

- (1)  On-campus
- (2)  Correctional facility
- (3)  Local Educational Agency facility
- (4)  Other Government facility
- (9)  Other

b. NON-CREDIT

- (1)  On-campus
- (2)  Correctional facility
- (3)  Local Educational Agency facility
- (4)  Other Government facility
- (9)  Other

4. Does your institution offer credit courses at military installations?

a.  No.

b.  Yes. Check all that apply:

- (1)  In States and/or Territories
- (2)  Abroad

5. Which of the following data does your institution use as part of the selection process for entering freshmen? Check all that apply:

- a.  High school diploma or its equivalent
- b.  High school class standing
- c.  Admissions test scores
  - (1)  SAT
  - (2)  ACT
  - (9)  Other
- d.  Residence

- e.  Evidence of ability to benefit from instruction
- f.  Age
- g.  Score on the Test of English as a Foreign Language (TOEFL) for foreign applicant or an equivalent test
- h.  Open Admission
- z.  Other, specify \_\_\_\_\_

6. Which of the following selected modes of instruction in credit/noncredit activities does your institution offer? Check all that apply:

a. CREDIT activities

- (1)  Work in a program-related setting with pay
- (2)  Work in a program-related setting without pay
- (3)  Home Study
  - (a.)  Correspondence
  - (b.)  Radio and TV
  - (c.)  Newspaper
- (9)  None of the above

b. NON-CREDIT activities

- (1)  Work in a program-related setting with pay
- (2)  Work in a program-related setting without pay
- (3)  Home Study
  - (a.)  Correspondence
  - (b.)  Radio and TV
  - (c.)  Newspaper
- (9)  None of the above

7. Which of the following selected student services are offered by your institution? Check all that apply:

- a.  Remedial services
- b.  Academic/career counseling service
- c.  Employment services for current students
- d.  Placement services for program completers
- e.  Assistance for visually impaired

- f.  Assistance for the hearing impaired
- g.  Access for the mobility impaired
- h.  On-campus day care for children of students
- z.  None of the above

8. Does your institution have its own library or are you supporting a shared library with another postsecondary education institution?

a.  Have own library

b.  Do not have own library but support a shared library with the following institution(s):  
\_\_\_\_\_

c.  Neither of the above

**PART D STUDENT CHARGES FOR ACADEMIC YEAR 1990-91**

TUITION AND REQUIRED FEES (Use In-State charges, if applicable)

1. Does your institution enroll any full-time students?

- a.  No, Go to Part E      b.  Yes, please continue

2. Is an application fee for admission required by your institution?

- a.  No      b.  Yes  
Amount \$ \_\_\_\_\_

3. For full-time students, are there different tuition and required fees for:

- a. Different student levels (e.g. freshman, sophomore)?  
 No       Yes
- b. Different instructional programs?  
 No       Yes

4. How does your institution charge tuition to full-time undergraduate students?

Check both if you charge a flat fee plus a per hour amount.

- a.  Flat fee      b.  Per Hour Charge
- (1) Amount: \$ 312.00 Per (a)  semester      Amount: \$ 26.00 Per (a)  semester hour  
(b)  quarter      (b)  quarter credit hour  
(c)  program      (c)  contact hour  
(d)  year      (d)  trimester hour  
(e)  trimester      (z)  other, please  
(z)  other, please specify \_\_\_\_\_

(2) If a flat fee only is charged, please indicate the number of hours a student may take for this flat fee:

\_\_\_\_\_ minimum \_\_\_\_\_ maximum

c.  Check here if your institution does not enroll any full-time undergraduate students.

5. Please list the typical tuition and required fees for a full-time student for the entire 1990-91 academic year.

DO NOT include room and board charges. For reference, we are including the amount you reported last year.

	AMOUNT	1989-90 charges were:
a. Local Resident (In-district)	\$ <u>969</u>	\$ <u>933</u>
b. Other In-State students	\$ <u>969</u>	\$ <u>933</u>
c. Out-of-State student	\$ <u>2,778</u>	\$ <u>2,643</u>

6. Do you provide dormitory facilities for your students?

- a.  No  
b.  Yes (1) Please provide the typical room charge for a student for the full 1990-91 academic year.

AMOUNT \$ \_\_\_\_\_ (Amount provided for 1989-90: \_\_\_\_\_)

(2) What is the total dormitory capacity for your institution during the 1990-91 academic year? \_\_\_\_\_

(3)  Check here if board is included with room charge; check 7.b. and complete 7.b.2.

7. Do you provide meal plans for your students?

- a.  No  
b.  Yes (1) Please provide the typical board charges for a student for the full 1990-91 academic year.

AMOUNT \$ \_\_\_\_\_ (Amount provided for 1989-90: \_\_\_\_\_)

(2) Number of meals per week for which board charge is applicable \_\_\_\_\_

8. Please report the standard or average amount a full-time student should expect to pay for the following items for a FULL ACADEMIC YEAR. (e.g., the amounts used by your financial aid office for computing student financial aid awards):

Amounts provided last year:

a. Books and supplies	\$ 400	\$400
b. Transportation	\$ 1,400	\$1,400
c. Room and board (for non-dormitory students)	\$ 2,500	\$2,500
d. Miscellaneous expenses	\$ 1,650	\$1,650

## PART E ADDITIONAL INFORMATION

1. Is this institution eligible to participate in any of the following Federal student financial aid programs? Check all that apply for the current academic year:

- |  |  |
|--|--|
| a. <input checked="" type="checkbox"/> Veterans Administration Educational Benefits (VA) | f. <input checked="" type="checkbox"/> National Direct Student Loan (NDSL)     |
| b. <input checked="" type="checkbox"/> Pell Grants                                       | g. <input checked="" type="checkbox"/> Higher Education Assistance Loan (HEAL) |
| c. <input checked="" type="checkbox"/> Supplementary Education Opportunity Grants (SEOG) | h. <input type="checkbox"/> Other Federal student financial aid programs       |
| d. <input checked="" type="checkbox"/> Stafford Loans (formerly GSL)                     | z. <input type="checkbox"/> Not eligible for any of the above                  |
| e. <input checked="" type="checkbox"/> College Work Study Program (CWS)                  |  |

2. Does this institution offer instruction through the Job Training Partnership Act (JTPA)? Check one:

- a.  No      b.  Yes      c.  Do not know

3. How many full-time staff are employed at this institution?

- a.  Less Than 15      b.  15 or More

4. At this institution:

- a. Are ALL instructional faculty employed on a part-time basis?  
 No       Yes
- b. Do ALL instructional faculty contribute services (e.g., are members of a religious order), or are they ALL military personnel?  
 No       Yes

**PART F ENROLLMENT INFORMATION**

(This page replaces the Total Institutional Activity survey)

1. How many students were enrolled (total headcount) at this institution on October 15, 1989 (or on your institution's official fall reporting date)? (See instructions, page 3, on how to complete this question using data from last fall. NOTE: NCES may have completed it for you.)

	Total Students
2,157	2160

2. Instructional activity during the 12-month period from July 1, 1989 through June 30, 1990 should be used as a basis for providing the information requested below. If another 12-month period is used, please indicate the start date of the period: 06 / 19 / 89 month/day/year. Fall term activity would thus refer to Fall 1989; if there was no fall term, indicate zero. Activity should be reported in terms of credit hours (enrollment X credits attempted). ONLY report contact hours for courses or programs where completion requirements are measured in terms of contact or clock hours. DO NOT CONVERT CREDIT HOURS TO CONTACT HOURS.

Courses measured in terms of	Total activity for 12-month period	Activity in Fall Term
a. Credit hour activity:	78,119	24,228
b. Contact hour activity: (not included above)		

3. What is the unduplicated count of all students enrolled for credit or contact hours that were served by this institution during the 12-month period described above? Please refer to the definitions and instructions.

2,798

4. Does your institution offer a summer session?

a.  No      b.  Yes      If yes, are students and their activity included in questions 2 and 3 above?  
1.  Yes      2.  No

5. Does your institution operate a major extension division or other educational component whose academic mission is significantly different from the main academic mission of the institution?

a.  No      b.  Yes      If yes, please complete the following:

(1) Are enrollment records maintained separately?	a. <input type="checkbox"/> Yes	b. <input type="checkbox"/> No
(2) Are financial records maintained separately?	a. <input type="checkbox"/> Yes	b. <input type="checkbox"/> No
(3) Are separate faculty employed to teach here?	a. <input type="checkbox"/> Yes	b. <input type="checkbox"/> No
(4) Are data for this component included in questions 1, 2, and 3 above?	a. <input type="checkbox"/> Yes	b. <input type="checkbox"/> No