

FORM **IPEDS-IC**  
(6-1-95)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
ACTING AS COLLECTING AGENT FOR THE  
U.S. DEPARTMENT OF EDUCATION  
NATIONAL CENTER FOR EDUCATION STATISTICS

**INTEGRATED POSTSECONDARY  
EDUCATION DATA SYSTEM**

**INSTITUTIONAL  
CHARACTERISTICS SURVEY**

**1995-96**

**NOTE** - The completion of this survey, in a timely and accurate manner, is **MANDATORY** for all institutions which participate or are applicants for participation in any Federal financial assistance program authorized by Title IV of the Higher Education Act of 1965, as amended. The completion of this survey is mandated by 20 U.S.C. 1094(a)(17).

For those institutions not required to complete this survey on the basis of the above requirements, the completion of this survey is voluntary and authorized by P.L. 103-382, National Education Statistics Act of 1994, Sec. 404(a).

The time required to complete this information collection is estimated to vary from 10 minutes to 1.0 hours per response, with an average of 20 minutes, including the time to review instructions, search existing data resources, gather and maintain the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Information Management Team, Washington, DC 20202-4652. **If you have any comments or concerns regarding the status of your individual submission of this form, write directly to:** National Center for Education Statistics/IPEDS, U.S. Department of Education, 555 New Jersey Avenue, NW, Washington, DC 20208-5652



139463-02

*This survey has been reduced in scope for the current year in order to help reduce institutional reporting burden. Please read the accompanying instructions before completing this survey form. Respond to each item on this report in the space provided. Certain responses are preprinted. These responses were provided by your institution on the previous IPEDS Institutional Characteristics Survey form. If a response is preprinted, verify that it is correct. If a preprinted response is incorrect, cross out the existing incorrect response with a single line and clearly indicate the correct response.*

**Make your changes in red** so they are easily identified. Be sure to update the enrollment and tuition questions. Certain terms are defined in the Glossary which begins on page 3 of the instructions.

If there are any questions about this form, contact a Bureau of the Census IPEDS representative at (800) 451-6236 or FAX number (301) 457-1542.

**RETURN TO**

LARRY G. JONES  
INSTITUTE OF HIGHER EDUCATION  
THE UNIVERSITY OF GEORGIA  
CANDLER HALL  
ATHENS, GA 30602-1772  
706-542-0573

**Date due: September 1, 1995**

**Mailing address** — If IPEDS forms should be mailed to an address that is not the school location, complete the following information.

Name of institution

Street or PO Box

City

State

ZIP Code

**INSTITUTIONAL IDENTIFICATION 1995-96**

**Please correct errors in the name, address, ZIP Code, and other information listed below.**

1. Name of institution covered by this report

DALTON COLLEGE

2. UNITID

139463

Mark (X) this box if mailing address is the same as the institution's physical location.

3. Physical location of institution (Number and street name)

213 N. COLLEGE DR

4. Employer ID Number (EIN)  
(9 digits)

58-0975068

City

DALTON

State

GA

ZIP Code

30720

5. Name of county or independent city

WHITEFIELD

6. Name of chief administrator

William James A. Burton

Title

ASSISTANT PRESIDENT

7. Congressional district

09

Name of respondent

Beil Budick

Telephone number

(706) 292-4438

FAX number

(706) 272-4436

9. Telephone numbers

General information

(706) 272-4436

Financial aid office

(706) 272-4445

Admissions office

(706) 272-4436

**Part B — ORGANIZATION AND ACCREDITATION**

IC

**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.)**  
*Mark (X) all that apply.*

**BELOW THE BACCALAUREATE**

- 1  Postsecondary award, certificate, or diploma of less than one academic year (less than 900 contact or clock hours)
- 2  Postsecondary award, certificate, or diploma of at least one but less than two academic years (at least 900 but less than 1800 contact or clock hours)
- 3  Associate's Degree
- 4  Postsecondary award, certificate, or diploma of at least two but less than four academic years (at least 1800 but less than 3600 contact or clock hours)

**BACCALAUREATE AND ABOVE**

- 5  Bachelor's Degree
- 6  Postbaccalaureate Certificate
- 7  Master's Degree
- 8  Post-Master's Certificate
- 9  Doctor's Degree
- 10  First-Professional Degree
- 11  First-Professional Certificate (Post-Degree)

12  Other — Specify →

**Part D — STUDENT CHARGES FOR ACADEMIC YEAR 1995-96**

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

- 1  Yes
- 2  No

**2. Do you charge full-time students by —**

- 1  Credit hour
- 2  Term
- 3  Year
- 4  Program (normally measured in contact hours) — *Provide program and tuition information in question 3.*
- 5  Other — *Specify* ↴

*Provide academic year charges in questions 4—6 as appropriate.*

*Provide program and tuition information in question 3.*

*— Provide charges as specified below using the most appropriate method.*

**PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE PROCEEDING.**

When reporting student charges information in the following questions, please choose the appropriate METHOD(S) OF REPORTING, according to how you answered question 2. Report charges BY PROGRAM, if your institution is organized such that students enter into a particular program, and tuition and fees are assessed based on the program chosen. For example, a 1500 hour cosmetology program may cost \$2,500 for the **entire** program. Or report by ACADEMIC YEAR, if charges are assessed by credit hour, quarter, semester, trimester, or term. **NOTE** — These charges **must** be converted to ACADEMIC YEAR charges.

If your institution uses **both methods**, that is, for some vocational/occupational programs, charges are assessed by the program, while for academic programs, tuition and fees are charged by semester or term, then report **BOTH** ways.

- If you report by PROGRAM — *Be sure to complete question 3.*
- If you report by ACADEMIC YEAR — *Complete questions 4 through 6.*

**Part D — STUDENT CHARGES FOR ACADEMIC YEAR 1995-96 — Continued**

IC

**4. List the typical tuition and required fees for a full-time student for the FULL ACADEMIC YEAR 1995-96.**  
 Do **NOT** include room and board charges. For reference, we are including the amount you reported last year.

**a. UNDERGRADUATE STUDENT**

No full-time undergraduate students

(1) In-district

AMOUNT	AMOUNT REPORTED FOR 1994-95
\$ 1,050	\$ 1,104
\$ 1,050	\$ 1,104
\$ 3,453	\$ 3,147

(2) In-State

(3) Out-of-State

**b. GRADUATE STUDENT**

No full-time graduate students

(1) In-district

(2) In-State

(3) Out-of-State

**c. FIRST-PROFESSIONAL STUDENT**

No full-time first-professional students

(1)

(a) In-State

(b) Out-of-State

(2)

(a) In-State

(b) Out-of-State

(3)

(a) In-State

(b) Out-of-State

(4)

(a) In-State

(b) Out-of-State

(5)

(a) In-State

(b) Out-of-State

(6)

(a) In-State

(b) Out-of-State

(7) Other — Specify ✓

(a) In-State

(b) Out-of-State

**5. Dormitory facilities, board, and meal plans**

**a. Do you provide dormitory facilities for your students?**

- 1  Yes
- 2  No

**b. Do you provide board or meal plans to your students?**

1  Yes — **How many meals per week are included in the board charge (or in the combined room and board charge, if you cannot separate these charges)?**

Answer only **one** of the following.

1 \_\_\_\_\_ Number of meals per week \_\_\_\_\_ Number of meals per week reported for 1994-95

2  Mark (X) this box if the number of meals per week can vary (for example, student receives a meal card and charges meals against the card).

2  No

**6. What are the typical room and board charges for a student for the FULL ACADEMIC YEAR 1995-96?**

If your institution provides room or board free of charge — Enter zero.

If your institution does not provide room or board — Leave the line(s) blank.

ROOM AND BOARD CHARGES	AMOUNT	AMOUNT REPORTED FOR 1994-95
a. Room charge	\$	\$
b. Board charge	\$	\$
c. Combined room and board charge — (Answer only if you <b>CANNOT SEPARATE</b> room and board charges.)	\$	\$

Remarks



UNITID 139463  
FICE = 003956

DALTON COLLEGE  
SECTOR = 04

**Part E — ENROLLMENT AND INSTRUCTIONAL ACTIVITY —  
ACADEMIC YEAR 1994-95 — Continued**

IC-1

1. How many students were enrolled (UNDUPLICATED count) during the 12-month period of July 1, 1994 through June 30, 1995? This number should include all students enrolled for credit as well as those enrolled in occupational and vocational programs. If another 12-month period is used — Indicate the start date of the period.

Month	Day	Year

LEVEL OF ENROLLMENT		TOTAL UNDUPLICATED COUNT
(1) Undergraduate level students enrolled in 12-month period		4542
(a) Of the students reported on line 1 — How many were full-time, first-time degree seeking students at any time during the 12-month period?	1503	
(b) Of the students reported on line 1 — How many transferred into your institution and were enrolled on a full-time basis at any time during the 12-month period?	310	
(2) Graduate level students enrolled in 12-month period		
(3) First-professional level students enrolled in 12-month period		

**Part F — ADDITIONAL INFORMATION**

1. Is this institution now eligible to participate in Title IV Financial Aid programs?

1  Yes — If known, please provide your institution's OPE (Office of Postsecondary Education) number in the space below

00395600

and mark (X) appropriate box to indicate type of ID number.

- Pell
- Stafford
- Other

2  No

Remarks