

FORM IPEDS-IC
6-1-97

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**

1997-98

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).



139463-02

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, 7:30 a.m.—4:30 p.m. EST.

RETURN TO

JOSEPH J. SZUTZ
OFFICE OF PLANNING & POLICY ANALYSIS
BOARD OF REGENTS OF UNIV. SYSTEM OF GEORGIA
244 WASHINGTON STREET, SW
ATLANTA, GA 30334
404-656-2213

Date due: September 1, 1997

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 1997-98

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

State

ZIP Code

5. Name of county or independent city

DALTON

GA

30720

WHITFIELD

6. Name of chief administrator

JAMES A BURRAN

Title

PRESIDENT

7. Congressional district

09

8. Name of respondent

HENRY M. CODJOE

9. E-Mail address

hcodjoe@carpet.dalton.peachnet.edu

10. Telephone numbers

Respondent's
(706) 272-4406

FAX
(706) 272-2533

General information
(706) 272-4436

Financial aid office
(706) 272-4545

Admissions office
(706) 272-4436

**Changes from the 1996-97 form for
1997-98 INSTITUTIONAL CHARACTERISTICS SURVEY**

The Institutional Characteristics (IC) survey form has been reduced in scope for the 1997-98 survey year in order to reduce respondent burden. This shorter version of the IC form will be used in odd-numbered years.

▶ **Part A — Type of Educational Offerings**

Omitted

▶ **Part B — Organization and Accreditation**

All omitted except question 3, which asks for the award levels offered by the institution.

▶ **Part C — Calendar, Admission Requirements, and Services**

Omitted

▶ **Part D — Student Charges for Academic Year 1997-98**

Revised slightly for 1997-98.

▶ **Part E — Enrollment and Instructional Activity**

Question 1, remains, requesting fall enrollment headcount, the 12-month unduplicated count, and the start date of the 12-month reporting period, if different from the default.

▶ **Part F — Additional Information**

Most of Part F has been omitted except question 1 and the question on athletically-related student aid.

PLEASE NOTE:

Printed responses are not provided on all parts. Please complete all parts this year.

PURPOSE OF THE SURVEY AND WHO SHOULD RESPOND

The primary purpose of the Institutional Characteristics (IC) component of IPEDS is to collect the basic data that identify and describe the universe of postsecondary education institutions in the United States and its outlying areas. Each institution or branch campus should file a separate report so that they can be listed in the Directory of Postsecondary Institutions.

USES OF THE DATA

Survey results will be used in a variety of ways. For example, they will be used as the source file for sample design for other postsecondary data collection activities. Other uses include generating basic counts of institutions in each State by type, control, and other key institutional characteristics; compiling directories of postsecondary education institutions that will be made available to the general public; and incorporating results into Career Information Delivery Systems throughout the nation. The data are extremely valuable for survey research design, statistical analysis, and general information purposes.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1850-0582. 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**

The definitions and instructions for compiling IPEDS data have been designed to minimize comparability problems. However, postsecondary education institutions differ widely among themselves. As a result of these differences, comparisons of data provided by individual institutions may be misleading.

DO NOT RETURN INSTRUCTIONS

REMARKS SECTION — *Please enter any remarks you may have in this section. By entering any explanations here, you may eliminate the need for telephone contact at a later date.*

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

BACCALAUREATE AND ABOVE

- 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)

- 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 1997-98

IC

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

1 Yes — Indicate amount of fee

2 No

Undergraduate

Graduate

First Professional

Application fee

\$

\$

\$

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

1 Yes — Continue with question 3.

2 No — SKIP to Part E on page 8

PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE PROCEEDING.

When reporting student charges information in the following section, please choose the appropriate METHOD(S) OF REPORTING, according to how you answer question 3.

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. This method of reporting is particularly relevant to occupational and vocational programs. For example, a 1500 hour cosmetology program may cost \$2,500 for the entire program.

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 4.
- If you report by **ACADEMIC YEAR** — Complete questions 5 through 9.
- If you report **BOTH WAYS** — Complete questions 4 through 9.

Part D — STUDENT CHARGES FOR ACADEMIC YEAR 1997-98 — Continued

IC

List the typical tuition and required fees for a full-time student for the FULL ACADEMIC YEAR 1997-98. Do NOT include room and board charges. For reference, we are including the amount you reported last year.

		AMOUNT	AMOUNT REPORTED FOR 1996-97
5. UNDERGRADUATE STUDENT			
<input type="checkbox"/> No full-time undergraduate students			
(1)	In-district	\$ 1,182	\$ 1,110
(2)	In-state	\$ 1,182	\$ 1,110
(3)	Out-of-state	\$ 3,174	\$ 2,904
6. GRADUATE STUDENT			
<input type="checkbox"/> No full-time graduate students			
(1)	In-district	\$	\$
(2)	In-state	\$	\$
(3)	Out-of-state	\$	\$
7. FIRST-PROFESSIONAL STUDENT			
<input type="checkbox"/> 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 <u>z</u>		
	(a) In-state	\$	\$
	(b) Out-of-state	\$	\$

Part D — STUDENT CHARGES FOR ACADEMIC YEAR 1997-98 — Continued

IC

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 1996-97

- 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

9. What are the typical room and board charges for a student for the FULL ACADEMIC YEAR 1997-98?

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 1996-97
a. Room charge	\$	\$
b. Board charge	\$	\$
c. Combined room and board charge — (Answer only if you CANNOT SEPARATE room and board charges.)	\$	\$

REMARKS — Explain any major differences in student charges from those that were reported last year. By entering any explanations here, you may eliminate the need for telephone contact at a later date.

Questions	Number of students	
	Full-time (1)	Part-time (2)
1a. How many students are enrolled exclusively in remedial courses?	29	72
b. How many of these students are included in the Part A enrollment counts?	29	72
<p>2a. Does this institution have an extension division/program that operates independently of the main academic portion of the institution? (For example, its academic mission may be significantly different, it may have its own admissions requirements, course offerings, completions requirements, and/or record keeping system.)</p> <p>Mark (X) appropriate box.</p> <p> <input checked="" type="checkbox"/> No extension division — SKIP to question #3 <input type="checkbox"/> Yes (operates independently of main institution) <input type="checkbox"/> No (operates within main institution) </p> <p style="text-align: right;">} Continue with question 2b</p>		
b. How many students are enrolled exclusively in the extension division or program?		
c. How many of these students are included in the Part A enrollment counts?		
<p>3. How many students are enrolled exclusively in branch campuses located in foreign countries?</p> <p>NOTE — Should not be included in Part A enrollment counts.</p> <p>Enter "0" if NONE.</p>	0	0
Remarks		

Part E — ENROLLMENT — ACADEMIC YEAR 1996-97
COMBINED DATA FOR MORE THAN ONE INSTITUTION OR BRANCH

Note that the preprinted information (if provided) indicates which data were reported as combined last year.
Verify that the information is correct for the current year. Please make any corrections in RED.

The institution named on this report is including data for other institutions/branches.

No

Yes — Please indicate below, the UNITID (if known), name and address of the institutions for which data are included.

UNITID	Institution name	Address	City	State	ZIP Code

The data for this institution are reported by another institution.

No

Yes — Please indicate if data are being reported by another institution. Also list the UNITID, name, and address of the reporting institution.

UNITID	Institution name	Address	City	State	ZIP Code

Part E — ENROLLMENT — ACADEMIC YEAR 1996-97 — Continued

IC

NOTE Part E requests data for academic year 1996-97, unlike Parts A-D and Part F which request data for academic year 1997-98. Please read the definition of credit course in the Glossary before completing this section of the survey form.

NOTE — If this institution's normal reporting practices exclude students enrolled in summer session(s) or extension division/programs, do not include them in your response to questions 1a and b of Part E.

1a. How many students were enrolled (total headcount) at your institution on October 15, 1996 (or your institution's official fall reporting date)? This number should include students taking courses for credit as well as those enrolled in occupational and vocational programs. (NCES may have completed this question for you.)

Total headcount of students enrolled on October 15, 1996
3,005

1b. How many students were enrolled (UNDUPLICATED count) during the 12-month period of July 1, 1996 through June 30, 1997? This number should include all students enrolled for credit as well as those enrolled in occupational and vocational programs. Include all students reported in question 1a above plus all other students enrolled during the 12-month period. If another 12-month period is used, indicate the start date of the period.

Month	Day	Year
07	01	96

LEVEL OF ENROLLMENT		TOTAL UNDUPLICATED COUNT
(1) Undergraduate level students enrolled in 12-month period		4,160
(2) Of the students reported on line 1 — How many enrolled as full-time, first-time, degree-seeking undergraduates at some time during the regular academic year? See instructions for examples.	Number enrolled	
(3) Graduate level students enrolled in 12-month period		
(4) First-Professional level students enrolled in 12-month period		

Part F — ADDITIONAL INFORMATION

IC

1. In which of the following Federal student financial aid programs is this institution eligible to participate? Mark (X) all that apply for the current academic year.

- | | |
|---|--|
| 1 <input checked="" type="checkbox"/> Veterans Administration Educational Benefits (VA) | 6 <input type="checkbox"/> Perkins Loan (formerly National Direct Student Loan (NDSL)) |
| 2 <input checked="" type="checkbox"/> Pell Grants | 7 <input type="checkbox"/> Health Education Assistance Loan (HEAL) |
| 3 <input checked="" type="checkbox"/> Supplementary Education Opportunity Grants (SEOG) | 8 <input type="checkbox"/> Other Federal student financial aid programs |
| 4 <input checked="" type="checkbox"/> Stafford Loans (formerly GSL) | 9 <input type="checkbox"/> Not eligible for any of the above |
| 5 <input checked="" type="checkbox"/> College Work Study Program (CWS) | |

2. Does this institution give athletically-related aid to students?

- 1 Yes — Mark (X) appropriate box
- a Football
 - b Basketball
 - c Baseball
 - d Cross country and/or track
 - e Other
- 2 No