A. General Information

| Α0 | Respondent Information (Not for Pul | olication) | | |
|------------|---|--|-----|----|
| A0 | Name: | Dr. Sri Sitharaman | | |
| A0 | Title: | Director of Institutional Research | | |
| A0 | Office: | Provost's Office | | |
| A0 | Mailing Address: | 4225 University Avenue | | |
| A0 | City/State/Zip/Country: | Columbus, GA 31907-5645 | | |
| A0 | Phone: | (706) 507-8963 | | |
| A0 | Fax: | (706) 569-3168 | | |
| A0 | E-mail Address: | sitharaman_sridhar@columbusstate.edu | • | |
| A0 | | for reference on your institution's Web site? | Yes | No |
| | , | · · · · · · · · · · · · · · · · · · · | X | |
| Α0 | If yes, please provide the URL of the c http://ir.colstate.edu/cds.asp | orresponding Web page: | | |
| A0A | analytic convention, cannot provide da | ims on the CDS for which you cannot use the requested ta for the cohort requested, whose methodology is unclear, | | |
| | or about which you have questions or o | omments in general. This | | |
| A1 | Address Information | | I | |
| A1 | Name of College/University: | Columbus State University | | |
| A1 | Mailing Address: | 4225 University Avenue | | |
| A1 | City/State/Zip/Country: | Columbus, Ga 31907-5645 | | |
| A1 | Street Address (if different): | 00.00.000000000000000000000000000000000 | | |
| A1 | City/State/Zip/Country: | | | |
| A1 | Main Phone Number: | (706) 507-8800 | | |
| A1 | WWW Home Page Address: | www.columbusstate.edu | | |
| A 1 | Admissions Phone Number: | (706) 568-2035 | | |
| A 1 | Admissions Toll-Free Phone Number: | 1-866-264-2035 | | |
| A 1 | Admissions Office Mailing Address: | Same as above | | |
| A 1 | City/State/Zip/Country: | | | |
| A 1 | Admissions Fax Number: | (706) 568-5091 | | |
| A 1 | Admissions E-mail Address: | http://www.colstate.edu/future/ | | |
| A 1 | If there is a separate URL for your | | | |
| | school's online application, please | http://www.colstate.edu/future/apply/applications.asp | | |
| | specify: | | | |
| A 1 | | | | |
| | If you have a mailing address other | | | |
| | than the above to which applications | | | |
| | should be sent, please provide: | | | |
| | - | | | |
| A2 | Source of institutional control (Chec | k only one): | | |
| A2 | Public | X | | |
| A2 | Private (nonprofit) | | | |
| A2 | Proprietary | | | |
| | | | | |
| А3 | Classify your undergraduate institut | on: | | |
| А3 | Coeducational college | X | | |
| А3 | Men's college | | | |
| А3 | Women's college | | | |
| | | | | |
| A4 | Academic year calendar: | | | |
| A4 | Semester | X | | |
| A4 | Quarter | | | |
| Α4 | Trimester | | | |
| A4 | 4-1-4 | | | |
| A4 | Continuous | | | |
| A4 | Differs by program (describe): | | | |
| A 4 | Other (describe): | | | |
| A+ | Other (describe). | | | |

A5 Degrees offered by your institution:

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| Α5 | Certificate | Х |
|----|----------------------------|---|
| Α5 | Diploma | |
| Α5 | Associate | Х |
| Α5 | Transfer Associate | Х |
| Α5 | Terminal Associate | Х |
| Α5 | Bachelor's | Х |
| Α5 | Postbachelor's certificate | |
| Α5 | Master's | |
| Α5 | Post-master's certificate | |
| Α5 | Doctoral degree | |
| | research/scholarship | Х |
| Α5 | Doctoral degree – | |
| | professional practice | |
| Α5 | Doctoral degree other | |

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