



UNIVERSITY OF  
**SOUTH  
CAROLINA**  
AIKEN

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CAROLINA  
AIKEN

INSTITUTIONAL PROFILE  
FOR GENERAL INFORMATION  
AND ENROLLMENT DATA  
FALL 2001



*Commission on Colleges  
Southern Association of Colleges and Schools  
1866 Southern Lane  
Decatur, Georgia 30033-4097*

**Deadline for submitting this Profile: November 16, 2001**

**INSTITUTIONAL PROFILE  
FOR GENERAL INFORMATION  
AND ENROLLMENT DATA  
FALL 2001**

**General Instructions**

The Commission on Colleges has divided its institutional profile into two documents:

- ▶ *Institutional Profile for General Information and Enrollment Data* (Fall 2001)
- ▶ *Institutional Profile for Financial Information* (Winter 2002).  
(To be distributed in 2002)

Before completing the Fall 2001 Profile, please

- Carefully read all directions
- Make a copy of this form
- Assign completion of the form to an individual knowledgeable in the area of enrollment data

Before returning the completed Fall 2001 Profile, please review the last page of this document to ensure that checklists are complete. Return one complete set of current catalogs (*undergraduate and graduate*) with your Profiles (*original and copy*). Thank you for your prompt attention.

Please direct all questions to George Burgamy at (404) 679-4501, ext. 532.

Page 1 of 7

## **SECTION ONE: General Information**

### **Part I: Instructions**

Listed is the response provided by your institution on the 2000 Profile. If the information submitted last year is incorrect or incomplete, please submit changes on a letter signed by the chief executive officer of the institution and return with the completed Profile.

1. Institution's Official Name

*University of South Carolina - Aiken*

2. Institution's Mailing Address

*471 University Parkway*

*Aiken, SC 29801*

3. Main Switchboard Telephone Number

*(803) 648-6851*

4. Institution's home Web Site Address (*Do not include http://www*)

*www.usca.sc.edu*

5. Institutional Governance or Control

*Public*

6. Institutional Religious Affiliation (*please provide complete name*)

7. Calendar System

*Semester*

8. Name of Governance System (*if applicable*)  
(Include name of governing board system, not coordinating board)

*University of South Carolina System*

## Part II: Instructions

Listed in the left-hand column below (items 9-24) is the response provided by your institution on the 2000 Profile. If the information submitted last year is incorrect or incomplete, please make the correction or provide additional information in the right-hand column. If the information provided last year is complete and correct, please do not repeat the information.

### A. Chief Executive Officer

9. Name

Dr. Thomas L. Hallman

\_\_\_\_\_

10. Title

Chancellor

\_\_\_\_\_

11. Office Mailing Address

471 University Parkway

\_\_\_\_\_

Aiken, SC 29801

\_\_\_\_\_

\_\_\_\_\_

12. Telephone Number

(803) 648-6851

( ) \_\_\_\_\_

13. Fax Number

(803) 641-3362

( ) \_\_\_\_\_

14. E-Mail Address

tomh@aiken.sc.edu

\_\_\_\_\_

### B. Chair of the Governing Board

15. Name

Mack I. Whittle

Mack I. Whittle, Jr.

\_\_\_\_\_

16. Mailing Address

USC, Board of Trustees

Osborne 206

Columbia, SC 29208

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. Fax Number

(803) 777-9480

( ) \_\_\_\_\_

18. Term of office as Chair

(Indicate ending date of term)

10/02

\_\_\_\_\_

**C. Institution's Accreditation Liaison**

The Commission asks each institution to appoint a faculty or staff member as its Accreditation Liaison to serve as a contact person with the Commission, supervise the completion of this form, serve as a resource person for self-studies and for information on accreditation criteria, policies, and procedures, and coordinate visits.

19. Name

*Tom Mack*

20. Title

21. Office Mailing Address

*471 University Pkwy.*

*Aiken, SC 29801*

22. Telephone Number

*(803) 641-3479*

23. Fax Number

*(803) 641-3461*

24. E-Mail Address

*tomm@aiken.sc.edu*

**D. Respondent**

Please provide the following information for the individual responsible for completing this form. If the respondent is the institution's Accreditation Liaison, please indicate this by entering "Accreditation Liaison " on line 25, and leave items 26 through 30 blank.

25. Name

*Jodi Herrin*

26. Title

*Research Analyst*

27. Office Mailing Address

*Inst. Research and Assessment*

*471 University Pkwy*

*Aiken, SC 29801*

28. Telephone Number

*(803 ) 641-3407*

29. Fax Number

*(803 ) 641-3727*

30. E-Mail Address

*jodih@aiken.sc.edu*

**SECTION TWO: Enrollment Information** (for FTE and Headcount)**Instructions for calculating FTE:**

In items 1-7 below, the left-hand column states your institutional response from the 2000 Profile. Please report your institution's enrollment for the 2001 fall term in the right-hand column. Fill in all applicable blanks in the right-hand column, even if the 2001 figure is the same as the 2000 figure. When tabulating the total, include all degree and non-degree students, wherever instruction occurs. This applies to students enrolled in course work delivered at the main campus, off-campus sites, branch campuses, and course work delivered electronically. For the purpose of Commission use, please use the following definitions for your computation of FTE and NOT YOUR INSTITUTION'S DEFINITION.

A full-time undergraduate student is one who is enrolled for 12 or more credit hours.

A full-time post-baccalaureate/graduate student is one who is enrolled for 9 or more credit hours.

**For-Credit, Full-Time Undergraduate and Post-Baccalaureate Students**

- |  |               |
|--|---------------|
| 1. Total <u>number</u> of full-time undergraduate students (those taking 12 or more credit hours):<br>2195   | 2152<br><hr/> |
| 2. Total <u>number</u> of full-time post-baccalaureate (master's or doctoral programs, or other for-credit programs) students (those taking 9 or more credit hours):<br>14 | 8<br><hr/>    |

**For-Credit, Part-Time Undergraduate and Post-Baccalaureate Students**

- |  |                |
|--|----------------|
| 3. a. Total <u>hours</u> of all undergraduate students carrying fewer than 12 credit hours (definition of part-time student): <u>5,378</u> (hours)   |                |
| b. Divide the total hours in 3a by 12, rounding to the nearest whole number:<br>433  | 448<br><hr/>   |
| 4. a. Total <u>hours</u> of all post-baccalaureate students (master's or doctoral programs, or other for-credit programs) carrying fewer than 9 credit hours (definition of part-time student): <u>401</u> (hours) |                |
| b. Divide total hours in 4a by 9, rounding to the nearest whole number:<br>42  | 45<br><hr/>    |
| 5. <b>Total</b>  |                |
| Total of lines 1, 2, 3b, and 4b:   | 2,653<br><hr/> |

**Non-Credit**

6. a. For **each** non-credit course offered in the 2001 fall term, multiply the total number of contact hours for the course (as determined by your institution) by the total number of students enrolled in the course. Add resulting figures for all non-credit courses (See example below).  
5,611

b. Divide combined total in 6a by 168 if your institution is on a semester or trimester system (12 hours/week x 14 weeks), or by 120 if your institution is on a quarter system (12 hours/week x 10 weeks). Round the quotient to the nearest whole number:  
103

33

**Total**

7. Total of items 5 and 6b:  
2787

2,686

**Example for calculating 6a above:**

An institution has five non-credit courses. Course one has 17 students and 20 course contact hours; course two has 11 students and 15 contact hours; course three has 10 students and 15 contact hours; course four has 16 students and 5 contact hours; and course five has 14 students and 10 contact hours.

Calculation for Part 6a.	Students		Contact Hours	=	
Course one:	17	x	20	=	340
Course two:	11	x	15	=	165
Course three:	10	x	15	=	150
Course four:	16	x	5	=	80
Course five:	14	x	10	=	<u>140</u>

Calculation Total for Part 6a. = 875

**Instructions for calculating Enrollment Headcount:**

Using your institution's definitions, please report in the right hand column your enrollment headcount for the **2001 fall term**. When tabulating the total, **include all degree and non-degree students, wherever instruction occurs**. This applies to students enrolled in course work delivered at the main campus, off-campus sites, branch campuses, and course work delivered electronically.

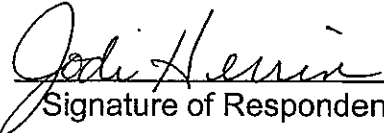
For-Credit, Full-Time Undergraduate	<u>2152</u>
For-Credit, Post-Baccalaureate Students	<u>8</u>
For-Credit, Part-Time Undergraduate	<u>987</u>
For-Credit, Part-Time Post-Baccalaureate Students	<u>135</u>
Non-Credit Students (total number enrolled in all non-credit courses)	<u>838</u>

**SIGNATURES OF VERIFICATION:**

**We certify that the information provided in this Profile is correct.**

  
\_\_\_\_\_  
Signature of Chief Executive Officer

11/14/01  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature of Respondent

11/14/01  
\_\_\_\_\_  
Date

**COMPLETION CHECKLIST :**

- Are all sections of this Profile complete?
- Have the respondent and Chief Executive Officer provided signatures for verification?
- Faxed separately, has the institution completed the "Questionnaire of Office Suite Usage?"

**RETURN CHECKLIST:**

- Two (2) completed copies of this Profile (original and one copy).
- One (1) complete set of current catalogs (undergraduate and graduate).
- Letter for Section One, Part 1 (only if there changes to lines 1 through 7)

Return this completed Profile and all required materials to:

**Commission on Colleges  
ATTN: Institutional Profiles  
Southern Association of Colleges and Schools  
1866 Southern Lane  
Decatur, Georgia 30033-4097**