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)
  *(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.
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, 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
   Research Analyst

26. Title

27. Office Mailing Address
   471 University Pkwy
   Aiken, SC 29801

28. Telephone Number
   (803) 641-3407

29. Fax Number
   (803) 641-3727

30. E-Mail Address
   jodi.herrin@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 full 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 number of full-time undergraduate students (those taking 12 or more credit hours):
   2195

2. Total number of full-time post-baccalaureate (master's or doctoral programs, or other for-credit programs) students (those taking 9 or more credit hours):
   14

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

3. a. Total hours of all undergraduate students carrying fewer than 12 credit hours (definition of part-time student): 5,378 (hours)

   b. Divide the total hours in 3a by 12, rounding to the nearest whole number:
   433

4. a. Total hours 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): 401 (hours)

   b. Divide total hours in 4a by 9, rounding to the nearest whole number:
   45

5. Total

   Total of lines 1, 2, 3b, and 4b: 2,653
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 158 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:

\[ 33 \]

Total

7. Total of items 5 and 6b:

\[ 2,686 \]

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.

<table>
<thead>
<tr>
<th>Course</th>
<th>Students</th>
<th>Contact Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course one</td>
<td>17 x 20</td>
<td>= 340</td>
</tr>
<tr>
<td>Course two</td>
<td>11 x 15</td>
<td>= 165</td>
</tr>
<tr>
<td>Course three</td>
<td>10 x 15</td>
<td>= 150</td>
</tr>
<tr>
<td>Course four</td>
<td>16 x 5</td>
<td>= 80</td>
</tr>
<tr>
<td>Course five</td>
<td>14 x 10</td>
<td>= 140</td>
</tr>
</tbody>
</table>

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

\[ 2152 \]

For-Credit, Post-Baccalaureate Students

\[ 8 \]

For-Credit, Part-Time Undergraduate

\[ 987 \]

For-Credit, Part-Time Post-Baccalaureate Students

\[ 135 \]

Non-Credit Students (total number enrolled in all non-credit courses)

\[ 838 \]
SIGNATURES OF VERIFICATION:

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

[Signature]
Signature of Chief Executive Officer

[Signature]
Signature of Respondent

Date
11/14/01

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