



UNIVERSITY OF
**SOUTH
CAROLINA**
AIKEN

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INSTITUTIONAL PROFILE
FOR GENERAL INFORMATION
AND ENROLLMENT DATA
FALL 2004



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

Deadline for submitting this Profile: January 14, 2005

INSTITUTIONAL PROFILE FOR GENERAL INFORMATION AND ENROLLMENT DATA FALL 2004

General Instructions

Before completing the Fall 2004 Profile, please

- Carefully*** read all directions
- Assign responsibility for the completion and accuracy of the form to the Accreditation Liaison.

Before returning the completed Fall 2004 Profile, please review the last page of this document to ensure that checklists are complete. Return one complete set (printed and bound copy) of current catalogs (undergraduate, graduate and professional) with your Profile (signed original). Thank you for your prompt attention.

Please direct questions about this profile to Ms. Donna Barrett at d Barrett@sacscoc.org or (404) 679-4501, ext. 574.

SECTION ONE: General Information

Part I:

A. Institutional Information

1. Institution's Official Name	University of South Carolina Aiken
2. Institution's Mailing Address <i>(Include street address, city, state, zip code. If institution has P.O. Box number, also include street address used for express mail.)</i>	471 University Parkway Aiken, SC 29801
3. Main Switchboard Telephone Number	(803) 648-6851
4. Institution's home Web Site Address <i>(Do not include http://)</i>	www.usca.edu
5. Institutional Governance or Control <i>(Private Not-For-Profit; Private For-Profit; or Public)</i>	Public
6. Institutional Religious Affiliation <i>(please provide complete name)</i>	
7. Calendar System <i>(semester, quarter, or other unit)</i>	Semester
8. Name of Governance System <i>(if applicable)</i> <i>(If public, include name of governing board system, not state coordinating board)</i>	University of South Carolina System

Part II:

A. Chief Executive Officer

9. Name	Dr. Thomas L. Hallman
10. Title	Chancellor
11. Office Mailing Address <i>(street, city, state, zip code)</i>	471 University Parkway
	Aiken, SC 29801
12. Telephone Number	(803) 648-6851
13. Fax Number	(803) 641-3362
14. E-Mail Address	tomh@usca.edu

B. Chair of the Governing Board

15. Name	Herb Adams
16. Mailing Address <i>(street, city, state, zip code)</i>	USC, Board of Trustees
	Osborne 206
	Columbia, SC 29208
17. Fax Number	(803) 777-9480
18. Term of office as Chair <i>(Indicate ending date of term)</i>	10/06

C. Institution's Accreditation Liaison

The Commission asks each institution to appoint an Accreditation Liaison to serve as a contact person with the Commission, supervise the completion of all institutional profiles, serve as a resource person for the institution's internal review process and work with all follow up associated with that review, serve as a resource person for information on accreditation standards and policies, and work with the institution's commission staff to coordinate all visits. This person should be an employee of the institution and not a consultant hired to assist with the institution's review in accord with the *Principles for Accreditation*.

As Accreditation Liaison, this individual will be contacted by Commission staff if questions arise during the review of this document. Therefore, the Accreditation Liaison should be knowledgeable about the information used to complete this Profile and should attest to its accuracy by completing "Signatures of Verification" on the last page of this document.

19. Name of Accreditation Liaison	Dr. Braden J. Hosch _____
20. Title	Director of Institutional Effectiveness Office _____
21. Office Mailing Address (Include street address, city, state, zip code)(If a P.O. Box number is the current mailing address, also include the street address used for express mail.)	471 University Parkway _____
	Aiken, SC 29801 _____

22. Telephone Number	(803) 641-3338 _____
23. Fax Number	(803) 641-3562 _____
24. E-Mail Address	bradenh@usca.edu _____

SECTION TWO: Enrollment Information (for FTE and Headcount)

A. Instructions for calculating FTE

Please report your institution's enrollment for the 2004 **fall term** in the right-hand column. 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):	2327
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):	26

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): 5197 _____(hours)	
b. Divide the total hours in 3a by 12, rounding to the nearest whole number:	433
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): 336 _____(hours)	
b. Divide total hours in 4a by 9, rounding to the nearest whole number:	37
5. Total	
Total of lines 1, 2, 3b, and 4b:	2823

Non-Credit

6.a. For each non-credit course offered <i>in the 2004 fall term</i> , 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).	7111 _____
b. Divide combined total in 6a by 168 if your institution is on a semester or trimester system (12 hours/week x 14 weeks), <u>or</u> by 120 if your institution is on a quarter system (12 hours/week x 10 weeks). Round the quotient to the nearest whole number	42 _____

Total

7. Total of lines 5 and 6b:	2865 _____
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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

B. Instructions for calculating Enrollment Headcount

Using your institution's definition, please report in the right hand column your enrollment headcount for the **2004 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.

Number of students taking courses for credit:

1. Total number of students enrolled as Full-Time Undergraduate Students	2327
2. Total number of students enrolled as Full-Time Post-Baccalaureate Students	26 _____
3. For-Credit, Part-Time Undergraduate Students	941 _____
4 For-Credit, Part-Time Post-Baccalaureate Students	88 _____
5. Total number of students enrolled for credit courses (Total of lines 1-4)	3382 _____
All Students enrolled in <u>non-credit</u> courses (total number enrolled in all non-credit courses)	1257 _____

SIGNATURES OF VERIFICATION:

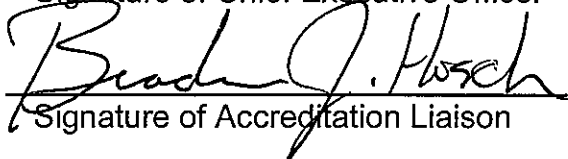
We certify that the information provided in this Profile is correct.



Signature of Chief Executive Officer

1/10/05

Date



Signature of Accreditation Liaison

1/10/05

Date

COMPLETION CHECKLIST :

Are all sections of this Profile complete?

Have the Accreditation Liaison and Chief Executive Officer provided signatures for verification?

RETURN CHECKLIST:

The original signed copy of this Profile. (Retain a copy for your records)

One (1) complete set of current catalogs
(undergraduate, graduate and professional).
(printed and bound only)

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**

DUE: January 14, 2005

Request for Branch Campus and Multi-Campus Site Information

Name of Institution: University of South Carolina Aiken

City and State: Aiken, SC

Name, title, telephone, and email address of person completing this section:

Dr. Braden Hosch, Director of Institutional Effectiveness Office

(803) 641-3338 email: bradenh@usca.edu

The Commission on Colleges is soliciting branch campus and multi-campus site locations from institutions so that the Commission can include on its web site and in its *Proceedings* the names of all branch and multi-campus sites when listing individual accredited and candidate institutions.

Definition: A branch campus is defined as a location independent of the main campus if the location is (1) permanent in nature, (2) offers courses in educational programs leading to a degree, certificate, or other recognized educational credential, (3) has its own faculty and administrative or supervisory organization, and (4) has its own budgetary and hiring authority.

A branch campus is not the same as an additional program site that offers courses and programs without meeting the other criteria outlined above.

An accredited or candidate institution may also be a multi-campus institution comprised of an administrative unit and campuses that meet some, but not all, of the criteria of a branch campus as defined.

Instructions: *Please check one of the following and send the completed form by Friday, January 14, 2005 to the address listed at the bottom of page two.*

My institution has a branch campus as defined above.
(Please complete Items One and Two. Forward completed form to the Commission.)

My institution is comprised of an administrative unit and multi-campus.
(Please complete Items One and Two. Forward completed form to the Commission.)

My institution does NOT have a branch campus nor is it comprised of an administrative unit and multi-campus.
(Please check this item, and forward completed form to the Commission.)

1. Main Campus or Administrative Unit Location:

Please provide the complete address of the main campus or administrative unit for your institution.

Address of the Administrative Unit or Main Campus (street, city, state, zip code):

Please continue on next page.

2. Branch and Multi-Campus Locations

For each of the institution's branch or multi-campus locations, including international campuses, please provide the following information:

Name of the Campus: _____

Year campus was established: _____

Campus Address (street, city, state, country, zip code):

Degrees offered in whole or in part: (Please check all that apply.)
 Associate Bachelor Master's Doctorate

Name of the Campus: _____

Year campus was established: _____

Campus Address (street, city, state, country, zip code):

Degrees offered in whole or in part: (Please check all that apply.)
 Associate Bachelor Master's Doctorate

Name of the Campus: _____

Year campus was established: _____

Campus Address (street, city, state, country, zip code):

Degrees offered in whole or in part: (Please check all that apply.)
 Associate Bachelor Master's Doctorate

Please continue listing any additional campuses on a separate sheet of paper.

Direct all questions to:

Ms. Rae Borden
(404) 679-4501, ext. 527
E-mail: rborden@sacscoc.org

**RETURN COMPLETED FORM WITH THE INSTITUTIONAL PROFILE BY
FRIDAY, JANUARY 14, 2005.**