A. General Information

A0. Respondent Information (not for publication)

First Name:	Susan
Last Name:	Canon
Title:	Director
Office:	Institutional Effectiveness & Assessment
Address:	1520 St. Olaf Avenue
City:	Northfield
State:	Minnesota
Zip:	55057
Country:	United States
Phone Number:	507-786-3647
Extension:	
Email Address:	canon@stolaf.edu

Are your responses to the CDS posted for reference on your institution's website? *(click to select from dropdown)*

Yes

If yes, please provide a direct link to the posted CDS responses:

https://wp.stolaf.edu/iea/common-data-set/

A0A. Comments About CDS (not for publication)

We invite you to indicate if there are items on the CDS for which you cannot use the requested analytic convention, cannot provide data for the cohort requested, whose methodology is unclear, or about which you have questions or comments in general. This information will not be published but will help the publishers further refine CDS items.

Enter comments about CDS here:

A1. Address Information

Please enter general institution information below:

Name of College or University	St. Olaf College
Street Address:	1520 St. Olaf Ave
City:	Northfield
State:	Minnesota
Zip:	55057
Country:	United States
Main Institution Phone Number:	(507) 786-2222
Main Institution Website:	http://wp.stolaf.edu
Main Institution Email:	

Please enter Admissions Office information below:

Street Address:	1520 St. Olaf Ave
City:	Northfield
State:	Minnesota
Zip:	55057
Country:	United States
Admissions Phone Number:	(507) 786-3025
Admissions Toll-free Number:	(800) 800-3025
Admissions Website:	
Admissions Email Address:	admissions@stolaf.edu

Is there a separate URL for your school's online application? If yes, please specify:

http://wp.stolaf.edu/admissions/apply

If you have a mailing address other than the one listed above to which applications should be sent, please provide:
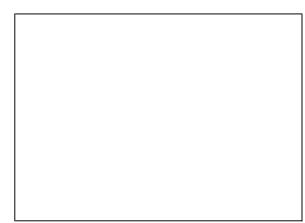
A2. Source of Institutional Control: *(click to select from dropdown)*
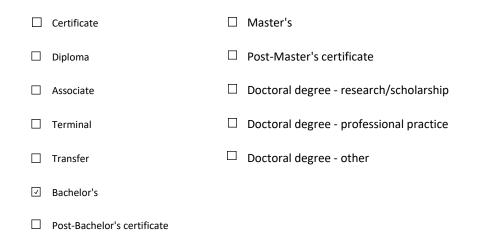
Private (Nonprofit)

A3. Classify your undergraduate institution: *(click to select from dropdown)*

A4. Academic year calendar: *(click to select from dropdown)*

A4A. Describe if calendar differs by program or other:

A5. Degrees offered by your institution *(select all that apply).*

☐ Certificate   ☐ Master's

☐ Diploma   ☐ Post-Master's certificate

☐ Associate   ☐ Doctoral degree - research/scholarship

☐ Terminal   ☐ Doctoral degree - professional practice

☐ Transfer   ☐ Doctoral degree - other

☑ Bachelor's

☐ Post-Bachelor's certificate

A6. Diversity, Equity, and Inclusion
If you have a diversity, equity, and inclusion office or department, please provide the URL of the corresponding Web page:
https://wp.stolaf.edu/equity-inclusion/

END OF SECTION A