

A. General Information**A0 Respondent Information (Not for Publication)**

First Name:

Susan

Last Name:

Canon

Title:

Director

Office:

Institutional Effectiveness and Assessment

Address Line 1:

1520 St. Olaf Ave

Address Line 2:

Address Line 3:

City:

Northfield

State

Minnesota

Zipcode

55057

Country:

United States

Phone:

507-786-3647

Email Address:

canon@stolaf.edu

Are your responses to the CDS posted for reference on your institution's Website?

Yes or No

If yes, please provide the URL of the corresponding Web page:

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

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 This information will not be published but will help the publishers further refine CDS items.

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A1 Address Information

Name of College/University:

St. Olaf College

Street Address Line 1:

1520 St. Olaf Ave

Street Address Line 2:

Street Address Line 3:

City

Northfield

State

Minnesota

Zip

55057

Country:

United States

Main Phone Number (Area Code)

507

Main Phone Number:

(507)-786-2222

Main Phone Number (Ext):

WWW Home Page Address:

<https://wp.stolaf.edu/>

Main Institution Email

Admissions Office

Admissions Office Street Address (if different):

Street Address (if different) Line 2:

Street Address (if different) Line 3:

City

Northfield

State

Minnesota

Zip

55057

Country:

United States

Admissions Phone Number (Area Code):

-507

Admissions Phone Number:

(507)-786-3025

Admissions Phone Number (Ext):

-800

Admissions Toll-Free Phone Number (Out-of-State Area Code):

(800)-800-3025

Admissions Toll-Free Phone Number:

Admissions Toll-Free Phone Number (Ext):

Admissions Email Address:

admissions@stolaf.edu

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

If you have a mailing address other than the above to which applications should be sent, please provide:

A2 Source of institutional control (Check only one):

<input type="checkbox"/>	Public
<input checked="" type="checkbox"/>	Private (nonprofit)
<input type="checkbox"/>	Proprietary

A3 Classify your undergraduate institution:

<input checked="" type="checkbox"/>	Coeducational college
<input type="checkbox"/>	Men's college
<input type="checkbox"/>	Women's college

A4 Academic year calendar:

<input type="checkbox"/>	Semester
<input type="checkbox"/>	Quarter
<input type="checkbox"/>	Trimester
<input checked="" type="checkbox"/>	4-1-4
<input type="checkbox"/>	Continuous
Differs by program (describe):	

<input type="checkbox"/>	Other (describe):
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A5 Degrees offered by your institution:

<input type="checkbox"/>	Certificate
<input type="checkbox"/>	Diploma
<input type="checkbox"/>	Associate
<input type="checkbox"/>	Transfer Associate
<input type="checkbox"/>	Terminal Associate
<input checked="" type="checkbox"/>	Bachelor's
<input type="checkbox"/>	Postbachelor's certificate
<input type="checkbox"/>	Master's
<input type="checkbox"/>	Post-master's certificate
<input type="checkbox"/>	Doctoral degree research/scholarship
<input type="checkbox"/>	Doctoral degree – professional practice
<input type="checkbox"/>	Doctoral degree -- other

A6 Campus Belonging Webpage

If your institution has an office or department dedicated to fostering a welcoming and supportive campus climate for individuals from all backgrounds, please provide the URL of the corresponding Web page:

<https://wp.stolaf.edu/equity-inclusion/>