



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

Deadline for submitting this Profile: January 19, 2007

INSTITUTIONAL PROFILE FOR GENERAL INFORMATION AND ENROLLMENT DATA FALL 2006

General Instructions

Before completing the Fall 2006 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 2006 Profile, please review the last page of this document to ensure that checklists are complete. Return one complete set (printed and bound copy, CD or disk copy) of current catalogs (undergraduate, graduate and professional) with your Profile (signed original). Thank you for your prompt attention.

Please direct questions to Mrs. Donna Barrett at dbarrett@sacscoc.org or (404) 679-4501, ext. 574.

SECTION ONE: General Information

Part I:

A. Institutional Information

1. Institution's Official Name	College of Charleston _____
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>)	66 George Street _____
	Charleston, SC 29424 _____

3. Main Switchboard Telephone Number	843-953-5507 _____
4. Institution's home Web Site Address (<i>Do not include http://</i>)	www.cofc.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>)	None _____
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>)	Board of Trustees _____

Part II:

A. Chief Executive Officer

9. Name	Conrad Festa _____
10. Title	Interim President _____
11. Institution	College of Charleston
12. Office Mailing Address (street, city, state, zip code)	College of Charleston President's Office, Randolph Hall 66 George Street Charleston, SC 29424 _____ _____ _____ _____
13. Telephone Number	843-953-5500 _____
14. Fax Number	843-953-5811 _____
15. E-Mail Address	festac@cofc.edu _____

B. Chair of the Governing Board

16. Name	Robert W. Marlowe _____
17. Mailing Address (street, city, state, zip code)	College of Charleston President's Office, Randolph Hall 66 George Street Charleston, SC 29424 _____ _____ _____ _____
18. Fax Number	843-953-5811 _____
19. Term of office as Chair (Indicate ending date of term)	2010 _____

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 institutional profiles, serve as a resource person for the institution's internal review process and work with 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.

20. Name of Accreditation Liaison	Pamela I. Niesslein, Ph.D. _____
21. Title	Associate Vice President for Accountability and Accreditation _____
22. Institution	College of Charleston
23. Office Mailing Address (<i>Include street address, city, state, zip code</i>)(<i>If a P.O. Box number is the current mailing address, also include the street address used for express mail.</i>)	Office of Accountability, Accreditation, Planning, and Assessment (AAPA) College of Charleston Randolph Hall, Suite 108 66 George Street Charleston, SC 29424 _____ _____ _____
24. Telephone Number	843-953-7526 _____
25. Fax Number	843-953-7525 _____
26. E-Mail Address	niessleinp@cofc.edu _____

SECTION TWO: Enrollment Information (for FTE and Headcount)

A. Instructions for calculating FTE

Please report your institution's enrollment for the 2006 **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):	8964 _____
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):	308 _____

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): 5072 _____(hours)	
b. Divide the total hours in 3a by 12, rounding to the nearest whole number:	423 _____
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): 3708 _____(hours)	
b. Divide total hours in 4a by 9, rounding to the nearest whole number:	412 _____
5. Total	
Total of lines 1, 2, 3b, and 4b:	10,107 _____

Non-Credit

6.a. For each non-credit course offered <i>in the 2006 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).	1168 _____
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	7 _____

Total

7. Total of lines 5 and 6b:	10,114 _____
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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 **2006 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	8964 _____
2. Total number of students enrolled as Full-Time Post-Baccalaureate Students	308 _____
3. For-Credit, Part-Time Undergraduate Students	856 _____
4 For-Credit, Part-Time Post-Baccalaureate Students	1,090 _____
5. Total number of students enrolled for credit courses (Total of lines 1-4)	11,218 _____
All Students enrolled in <u>non-credit</u> courses (<i>total number enrolled in all non-credit courses</i>)	292 _____

SIGNATURES OF VERIFICATION:

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

_____ Signature of Chief Executive Officer	_____ Date
_____ Signature of Accreditation Liaison	_____ 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, or CD or disk copy)

Return this completed Profile and all required materials to:

**Commission on Colleges
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