



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

Deadline for submitting this Profile: January 16, 2009

INSTITUTIONAL PROFILE FOR GENERAL INFORMATION AND ENROLLMENT DATA FALL 2008

General Instructions

Before completing the Fall 2008 Profile, please

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

Before returning the completed Fall 2008 Profile, review the last page of this document to ensure checklists are complete. Send one complete set (printed and bound copy, or CD or disk copy) of current catalogs (undergraduate, graduate & professional) with your Profile (signed original). Thank you for your prompt attention.

Frequently asked questions may be found at www.sacscoc.org/dbarrett.asp. Please direct additional questions to Mrs. Donna Barrett at dbarrett@sacscoc.org.

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 29401 _____
	_____ _____
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, if applicable <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	P. George Benson _____
10. Title	President _____
11. Office Mailing Address <i>Do not include institution name (street, city, state, zip code)</i>	College of Charleston _____
	President's Office, Randolph Hall _____
	66 George Street _____
	Charleston, SC 29401 _____
12. Telephone Number	843-953-5500 _____
13. Fax Number	843-953-5811 _____
14. E-Mail Address	BensonG@cofc.edu _____

B. Chair of the Governing Board

15. Name	Marie Land _____
16. Mailing Address <i>(street, city, state, zip code)</i>	College of Charleston _____
	President's Office, Randolph Hall _____
	66 George Street _____
	Charleston, SC 29401 _____
17. Fax Number	843-953-5811 _____
18. Term of office as Chair <i>(Indicate ending date of term)</i>	1/30/09 _____

C. Institution's Accreditation Liaison

The Commission asks each institution to appoint an Accreditation Liaison to serve as contact person for the Commission, supervise completion of institutional profiles, serve as a resource person for the institution's internal review process, work with follow up associated with review, serve as a resource person on accreditation standards and policies, and work with the institution's assigned Commission staff to coordinate visits. This person should be an employee of the institution, 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 if questions arise about 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	Pamela I. Niesslein _____
20. Title	Associate Vice President for Accountability and Accreditation _____
21. Office Mailing Address <i>Do not include institution name (Include street address, city, state, zip code) (If P.O. Box number is current mailing address, also include street address used for express mail.)</i>	College of Charleston _____
	Office of Accountability, Accreditation, Planning, and Assessment (AAPA), Randolph Hall Ste 208 _____
	66 George Street _____
	Charleston, SC 29401 _____
22. Telephone Number	843-953-7526 _____
23. Fax Number	843-953-7525 _____
24. 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 2008 **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 enrolled for 12 or more credit hours.

A full-time post-baccalaureate/graduate student is one 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):	8988 _____
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):	293 _____

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): 4554 _____ (hours)	
b. Divide the total hours in 3a by 12, rounding to the nearest whole number:	380 _____
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): 4302 _____ (hours)	
b. Divide total hours in 4a by 9, rounding to the nearest whole number:	478 _____
5. Total of lines 1, 2, 3b, and 4b:	10139 _____

Non-Credit (Include continuing education. Do not include non-credit courses taken by for-credit students as part of a for-credit program such as labs, chapels, student success courses, remedial courses, etc. Count these under for-credit.)

6. a. For <i>each</i> non-credit course offered <i>in the 2008 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).	20062 _____
b. Divide combined total in 6a by 168 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	119 _____

Total For-Credit and Non-credit FTE

7. Total of lines 5 and 6b:	10258 _____
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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	=	140
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 **2008 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.

1. Total number (headcount) Full-Time Undergraduate Students	8988 _____
2. Total number (headcount) Full-Time Post-Baccalaureate Students	293 _____
3. Total number (headcount) For-Credit, Part-Time Undergraduate Students	796 _____
4 Total number (headcount) For-Credit, Part-Time Post-Baccalaureate Students	1290 _____
(Space blank intentionally. No calculation requested)	
5. Total number (headcount) students enrolled in <u>non-credit</u> courses	976 _____

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?

NOTE: If you desire proof your submission has been received, please send it in a way that allows tracking and/or confirmation of receipt. Due to volume of profiles received, and the December annual meeting of the COC, phone calls requesting confirmation of receipt may not be returned until after the holidays. For shipping purposes our phone number is 404-679-4500.

RETURN CHECKLIST:

- The original signed copy of this Profile. (Retain a copy for your records)
- One (1) complete set of current catalogs (undergraduate, graduate & professional). (printed and bound, or CD or disk copy)

Return this completed Profile along with your catalog to:

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

DUE: January 16, 2009