

**A. General Information**

**A0 Respondent Information (Not for Publication)**

A0	Name:	Franca Carls		
A0	Title:	Office Assistant		
A0	Office:	Provost		
A0	Mailing Address:	900 Wood Road		
A0	City/State/Zip/Country:	Kenosha, WI 53144 USA		
A0	Phone:	262-595-2266		
A0	Fax:	262-595-2630		
A0	E-mail Address:	<a href="mailto:franca.carls@uwp.edu">franca.carls@uwp.edu</a>		
A0	Are your responses to the CDS posted for reference on your institution's Web site?		Yes	No
			x	
A0	If yes, please provide the URL of the corresponding Web page:	http://www.uwp.edu/departments/institutional.research/cds.cfm		

**A0A** 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 This information will not be published but will help the publishers further refine CDS items.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**

A1	Name of College/University:	University of Wisconsin-Parkside
A1	Mailing Address:	Box 2000
A1	City/State/Zip/Country:	Kenosha, WI 53141-2000 USA
A1	Street Address (if different):	900 Wood Road
A1	City/State/Zip/Country:	Kenosha, WI 53144 USA
A1	Main Phone Number:	262-595-2345
A1	WWW Home Page Address:	<a href="http://www.uwp.edu">www.uwp.edu</a>
A1	Admissions Phone Number:	262-595-2355
A1	Admissions Toll-Free Phone Number:	
A1	Admissions Office Mailing Address:	Box 2000
A1	City/State/Zip/Country:	Kenosha, WI 53141-2000 USA
A1	Admissions Fax Number:	262-595-2008
A1	Admissions E-mail Address:	<a href="mailto:matthew.jensen@uwp.edu">matthew.jensen@uwp.edu</a>
A1	If there is a separate URL for your school's online application, please specify: _____	<a href="http://apply.wisconsin.edu/">http://apply.wisconsin.edu/</a>

**A1** 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):**

A2	Public	<input checked="" type="checkbox"/>
A2	Private (nonprofit)	<input type="checkbox"/>
A2	Proprietary	<input type="checkbox"/>

**A3 Classify your undergraduate institution:**

A3	Coeducational college	<input checked="" type="checkbox"/>
A3	Men's college	<input type="checkbox"/>
A3	Women's college	<input type="checkbox"/>

**A4 Academic year calendar:**

A4	Semester	<input checked="" type="checkbox"/>
A4	Quarter	<input type="checkbox"/>
A4	Trimester	<input type="checkbox"/>
A4	4-1-4	<input type="checkbox"/>
A4	Continuous	<input type="checkbox"/>
A4	Differs by program (describe):	<input type="text"/>
A4	Other (describe):	<input type="text"/>

**A5 Degrees offered by your institution:**

A5	Certificate	<input checked="" type="checkbox"/>
A5	Diploma	<input type="checkbox"/>
A5	Associate	<input type="checkbox"/>
A5	Transfer Associate	<input type="checkbox"/>
A5	Terminal Associate	<input type="checkbox"/>
A5	Bachelor's	<input checked="" type="checkbox"/>
A5	Postbachelor's certificate	<input type="checkbox"/>
A5	Master's	<input checked="" type="checkbox"/>
A5	Post-master's certificate	<input type="checkbox"/>
A5	Doctoral	<input type="checkbox"/>
A5	First professional	<input type="checkbox"/>
A5	First professional certificate	<input type="checkbox"/>