A. General Information

A0. Respondent Information (not for publication)

	First Name:	Michael
	Last Name:	Thompson
	Title:	Associate Vice President for Institutional Effectiveness
	Office:	Office of Institutional Effectiveness
	Address:	PO Box 2900
	City:	Bloomington
	State:	Illinois
	Zip:	61702
	Country:	United States
	Phone Number:	309-556-1041
	Extension:	
	Email Address:	mthomps4@iwu.edu
		eference on your institution's website? (click to select from dropa
	Are your responses to the CDS posted for r	
		Yes
	Are your responses to the CDS posted for r If yes, please provide a direct link to the po	Yes
Ve invite you annot provid	If yes, please provide a direct link to the positive ments About CDS (not for publication u to indicate if there are items on the CDS for de data for the cohort requested, whose me	Yes ested CDS responses: https://www.iwu.edu/institutional-effectiveness/dataset/

A1. Address Information

	er general institution information below:	
	Name of College or University	Illinois Wesleyan University
	Street Address:	1312 N Park St.
	City:	Bloomington
	State:	Illinois
	Zip:	61701
	Country:	United States
	Main Institution Phone Number:	(309) 556-1000
	Main Institution Website:	<u>www.iwu.edu</u>
	Main Institution Email:	
Please ente	er Admissions Office information below:	
	Street Address:	1312 N Park St.
	City:	Bloomington
	State:	Illinois
	Zip:	61701
	Country:	United States
	Admissions Phone Number:	309-556-3031
	Admissions Toll-free Number:	(800) 332-2498
	Admissions Website:	https://www.iwu.edu/admissions/
	Admissions Email Address:	<u>iwuadmit@iwu.edu</u>
	Is there a separate URL for your school's o	unline annlication? If yes, please specify:
	· · · · · · · · · · · · · · · · · · ·	iwu.edu/apply/? ga=2.245015301.1887352592.1698069874-523433542.161349740
	If you have a mailing address other than the	he one listed above to which applications should be sent, please provide:
		Illinois Wesleyan University
		PO Box 2900
		Bloomington, IL 61702-2900
A2. Sou	rce of Institutional Control: (click	to select from dropdown)

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

	Coeducational					
A4. Academic year calendar: (click to select from dropdown)						
, ,	Other					
A4A. Describe if calendar differs by program or othe	er:					
	441					
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	
	sity, Equity, and Inclusion diversity, equity, and inclusion office o	or department, please provide the URL of the corresponding Web page:
, ca nave a		https://www.iwu.edu/diversity/

END OF SECTION A