## A. General Information

	A. Ge	ierai information				
A0	Respondent Information (Not for Pub	,				
A0	Name:	Karen Hamby				
A0	Title:	Director				
A0	0.62	Office of Institutional Research, Assesment, a	and			
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A0	City/State/Zip/Country:	Birmingham, AL 35229, United States				
A0	Phone:	205 700 00 10				
A0	Fax:	205-726-2643				
A0	E-mail Address:	kghamby@samford.edu		- V	N.	
A0	Are your responses to the CDS posted	or reference on your institution's Web site?	L	Yes	No	
	If we are the second of the second		X			
A0	If yes, please provide the URL of the corresponding Web page: http://www.samford.edu/departments/institutional-effectiveness/reports					
	nttp://www.samiord.edu/departments/in	itutional-eriectiveness/reports				
AOA	We invite you to indicate if there are ite	s on the CDS for which you cannot use the reque	ested			
	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 This information will not be published but					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.					
	потранения					
	Address Information					
A1	Address Information  Name of College/University:	Name for and A Back as a selfer.				
	<u> </u>	Samford University 500 Lakeshore Drive				
A1	Mailing Address:					
A1	City/State/Zip/Country:	Brimingham, AL 35229, United States				
A1	Street Address (if different):					
A1	City/State/Zip/Country:	INF 700 0011				
A1	Main Phone Number: WWW Home Page Address:	205-726-2011				
A1 A1	Admissions Phone Number:	ww.samford.edu_ 05-726-3673 (205-SAMFORD)				
A1	Admissions Toll-Free Phone Number:	100-888-7218				
A1	Admissions Office Mailing Address:	000 Lakeshore Drive				
A1	City/State/Zip/Country:	Birmingham, AL 35229, United States				
A1	Admissions Fax Number:	95-726-2171				
A1	Admissions E-mail Address:	dmission@samford.edu				
A1	If there is a separate URL for your	ttp://www.samford.edu/apply/				
^'	school's online application, please	ntp.//www.sarmora.caa/appry/				
	specify:					
<b>A</b> 1	specify.					
	If you have a mailing address other					
	than the above to which applications					
	should be sent, please provide:					
	,					
<b>A2</b>	Source of institutional control (Chec	only one):				
<b>A2</b>	Public	,				
A2	Private (nonprofit)	X				
A2	Proprietary					
		<u> </u>				
А3	Classify your undergraduate institut	<u>n:</u> _				
А3	Coeducational college	X				
А3	Men's college					
А3	Women's college					
	-	<del></del>				
<b>A</b> 4	Academic year calendar:					
<b>A</b> 4	Semester					
<b>A</b> 4	Quarter					
<b>A</b> 4	Trimester					
<b>A</b> 4	4-1-4	X				
<b>A</b> 4	Continuous					
<b>A</b> 4	Differs by program (describe):					

A4 Other (describe):

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## A5 Degrees offered by your institution:

<b>A5</b>	Certificate		
<b>A5</b>	Diploma		
<b>A5</b>	5 Associate		
<b>A5</b>	Transfer Associate		
<b>A5</b>	Terminal Associate		
<b>A5</b>	Bachelor's		
<b>A5</b>	Postbachelor's certificate		
<b>A5</b>	Master's		
<b>A5</b>	Post-master's certificate		
<b>A5</b>	5 Doctoral degree		
	research/scholarship	Х	
<b>A5</b>	Doctoral degree –		
	professional practice	^	
<b>A5</b>	Doctoral degree other		

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