A. General Information

A0 Respondent Information (Not for Publication)

First Name:	Sindhu Sai
Last Name:	Sangani
Title:	Data and Reporting Analyst
Office:	Office of Institutional Research
Address Line 1:	66 George Street
Address Line 2:	
Address Line 3:	
City:	Charleston
State	SC
Zipcode	29424
Country:	United States
Phone:	(843) 953-5601
Email Address:	instres@cofc.edu

Are your responses to the CDS posted for reference on your institution's Website? Yes Yes or No

If yes, please provide the URL of the corresponding Web page:
https://charleston.edu/institutional-research/facts-and-publications/common-data-set.php

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 This information will not be published but will help the publishers further refine CDS items.

A1 Address Information

Name of College/University:	College of Charleston
Street Address Line 1:	66 George Street
Street Address Line 2:	
Street Address Line 3:	
City	Charleston
State	SC
Zip	29424
Country:	United States
Main Phone Number (Area Code)	
Main Phone Number:	(843) 805-5507
Main Phone Number (Ext):	
WWW Home Page Address:	
Main Institution Email	https://charleston.edu/

Admissions Office

Admissions Office Street Address (if different):	
Street Address (if different) Line 2:	
Street Address (if different) Line 3:	
City	
State	
Zip	
Country:	
Admissions Phone Number (Area Code):	
Admissions Phone Number:	(843) 953-5670
Admissions Phone Number (Ext):	
Admissions Toll-Free Phone Number (Out-of-State Area Code):	
Admissions Toll-Free Phone Number:	
Admissions Toll-Free Phone Number (Ext):	
Admissions Email Address:	admissions@charleston.edu

If there is a separate URL for your school's online application, please specify:
https://charleston.edu/admission/apply/index.php

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)**:**

X	Public
	Private (nonprofit)
	Proprietary

A3 Classify your undergraduate institution:

X	Coeducational college
	Men's college
	Women's college

A4 Academic year calendar:

X	Semester
	Quarter
	Trimester
	4-1-4
	Continuous
	Differs by program (describe):

	Other (describe):

A5 Degrees offered by your institution:

X	Certificate
	Diploma
	Associate
	Transfer Associate
	Terminal Associate
X	Bachelor's
X	Postbachelor's certificate
X	Master's
X	Post-master's certificate
X	Doctoral degree research/scholarship
X	Doctoral degree – professional practice
	Doctoral degree -- other

A6 Campus Belonging Webpage

If your institution has an office or department dedicated to fostering a welcoming and supportive campus climate for individuals from all backgrounds, please provide the URL of the corresponding Web page: