



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

Deadline for submitting this Profile: January 16, 2012

**INSTITUTIONAL PROFILE
FOR GENERAL INFORMATION
AND ENROLLMENT
FALL 2011**

General Instructions

Before completing:

- Read all directions
- Assign responsibility for completion and accuracy to the Accreditation Liaison.

Changes in this submission:

Request for graduation rate information has been added to this profile.

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

SECTION ONE: General Information

Part I:

A. Institutional Information

1. Institution's Official Name	Kennesaw State University _____
2. Institution's Mailing Address <i>(Include street address, city, state, zip code. If institution has P.O. Box number, also include street address for express mail.)</i>	1000 Chastain Road _____
	Campus Box 0115 _____
	Kennesaw, Georgia _____
	30144-5591 _____
3. Main Switchboard Telephone Number	770-423-6000 _____
4. Institution's home Web Site Address <i>(Do not include http://)</i>	www.kennesaw.edu _____
5. Institutional Governance or Control <i>(Private Not-For-Profit; Private For-Profit; or Public)</i>	Public _____
6. If Private For-Profit, name of parent company or name of publicly traded corporation	_____ _____
7. Institutional Religious Affiliation, if applicable <i>(please provide complete name)</i>	_____ _____
8. Calendar System <i>(semester, quarter, or other unit)</i>	Semester _____
9. Name of Governance System <i>(if applicable)</i> <i>(If public, Include name of governing board system, not state coordinating board)</i>	University System of Georgia _____

Part II:

A. Chief Executive Officer

10. Name	Dr. Daniel S. Papp _____
11. Title	President _____
12. Office Mailing Address <i>Do not include institution name (street, city, state, zip code)</i>	Kennesaw State University _____
	1000 Chastain Road _____
	Campus Box 0101 _____
	Kennesaw, Georgia 30144 _____
13. Telephone Number	770-423-6033 _____
14. Cell Phone Number	Not Provided _____
15. Fax Number	770-423-6543 _____
16. E-Mail Address	dpapp@kennesaw.edu _____

B. Chair of the Governing Board

17. Name	Benjamin J. Tarbutton, III _____
18. Mailing Address <i>(street, city, state, zip code)</i>	c/o Board of Regents of the University System of Georgia _____
	270 Washington Street SW _____
	Atlanta, Georgia 30334 _____
	_____ _____
19. Fax Number	404-657-7913 _____
20. Term of office as Chair <i>(Indicate ending date of term)</i>	December 31, 2012 _____

C. Institution's Accreditation Liaison

The Commission asks institutions to appoint an Accreditation Liaison to serve as contact person for the Commission, supervise completion of institutional profiles, serve as resource person for the institution's internal review process, work with follow up associated with review, serve as 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*.

The Accreditation Liaison will be contacted if questions arise about this document. 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.

21. Name of Accreditation Liaison	M. Leigh Funk _____
22. Title	SACS Accreditation Liaison _____
23. 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>	1000 Chastain Road _____
	Campus Box 9108 _____
	Kennesaw, Georgia 30144 _____
	_____ _____
24. Telephone Number	770-499-3315 _____
25. Fax Number	770-499-3370 _____
26. E-Mail Address	lfunk@kennesaw.edu _____

SECTION TWO: Enrollment Information (for FTE and Headcount)

A. Instructions for calculating FTE

Please report your institution's enrollment for the 2011 **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):	16,713 _____
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):	824 _____

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): 41,896 _____(hours)	
b. Divide the total hours in 3a by 12, rounding to the nearest whole number:	3,491 _____
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): 5,549 _____ (hours)	
b. Divide total hours in 4a by 9, rounding to the nearest whole number:	616 _____
5. Total of lines 1, 2, 3b, and 4b:	21,644 _____

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 2011 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).	88,368 _____
b. Divide combined total in 6a by 168 if your institution is on a semester or trimester system (12 hours/week x 14 weeks), <u>or</u> by 120 if your institution is on a quarter system (12 hours/week x 10 weeks). Round to the nearest whole number	736 _____

Total For-Credit and Non-credit FTE

7. Total of lines 5 and 6b:	22,380 _____
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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.

<i>Calculation for Part 6a.</i>	<i>Students</i>	<i>Contact Hours</i>			
<i>Course one:</i>	17	x	20	=	340
<i>Course two:</i>	11	x	15	=	165
<i>Course three:</i>	10	x	15	=	150
<i>Course four:</i>	16	x	5	=	80
<i>Course five:</i>	14	x	10	=	140
<i>Calculation Total for Part 6a. =</i>					875

B. Instructions for calculating Enrollment Headcount

Using your institution's definition, report your enrollment **headcount** for the ***2011 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	16,713 _____
2. Total number (headcount) Full-Time Post-Baccalaureate Students	824 _____
3. Total number (headcount) For-Credit, Part-Time Undergraduate Students	5,620 _____
4 Total number (headcount) For-Credit, Part-Time Post-Baccalaureate Students	1,018 _____
5. Total number (headcount) students enrolled in <u>non-credit</u> courses	3,665 _____

SECTION THREE: Graduation Rate Information

The purpose of the Graduation Rate is to track the cohorts of first-time, full-time degree/certificate-seeking undergraduates, as well as their completion status at 150% of normal time.

Please provide the following information based on the most recent data reported to IPEDs (submission made between December 2010 and April 2011) on Completers within 150%:

Note, if your institution reports more than one set of cohorts using more than one unit ID, please complete multiple copies of this page with one page for each unit ID.

Unit ID (six-digit IPEDS institution number): 140164

ASSOCIATES / TWO-YEAR PROGRAM	
1. Total Number of Students in the Cohort	_____
2. Total Number of Students Completed within 150% of time of degree	_____
3. Total transfers out	_____
BACCALAUREATE / FOUR-YEAR PROGRAM	
4. Total Number of Students in the Cohort	1,658
5. Total Number of Students Completed within 150% of time of degree	682
6. Total transfers out	289

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 Profile complete?
- Have the Accreditation Liaison and Chief Executive Officer signed?
- Have copies of all pages been retained?

It is important your submission be received by the deadline of January 16, 2012.

New federal requirements call for SACSCOC to report enrollment information in a timely manner to the federal government. This cannot be accomplished unless institutions get their materials in by January 16, 2012.

NOTE: For proof your submission has been received, please send in a manner that allows tracking and/or confirmation of receipt. Due to volume of profiles, and the December annual meeting of SACSCOC, 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 this completed Profile to:

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

DUE: January 16, 2012