



UNIVERSITY OF
**SOUTH
CAROLINA**
AIKEN

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INSTITUTIONAL PROFILE
FOR GENERAL INFORMATION
AND ENROLLMENT DATA
FALL 2009



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

Deadline for submitting this Profile: January 15, 2010

INSTITUTIONAL PROFILE FOR GENERAL INFORMATION AND ENROLLMENT FALL 2009

General Instructions

Before completing the Fall 2009 Profile, please

- Carefully** read all directions
- Assign responsibility for completion and accuracy to the Accreditation Liaison.

Before returning the completed Fall 2009 Profile, review the last page of this document to ensure checklists are complete. Send one complete set (printed and bound copy, or CD or disk copy) of current catalogs (undergraduate, graduate & professional) with your Profile (signed original). Thank you for your prompt attention.

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	University of South Carolina Aiken
2. Institution's Mailing Address (Include street address, city, state, zip code. If institution has P.O. Box number, also include street address for express mail.)	471 University Parkway Aiken, SC 29801
3. Main Switchboard Telephone Number	(803) 648-6851
4. Institution's home Web Site Address (Do not include http://)	www.usca.edu
5. Institutional Governance or Control (Private Not-For-Profit; Private For-Profit; or Public)	Public
6. Institutional Religious Affiliation, if applicable (please provide complete name)	
7. Calendar System (semester, quarter, or other unit)	Semester
8. Name of Governance System (if applicable) (If public, include name of governing board system, not state coordinating board)	University of South Carolina System

Part II:**A. Chief Executive Officer**

9. Name	Dr. Thomas L. Hallman _____
10. Title	Chancellor _____
11. Office Mailing Address <i>Do not include institution name (street, city, state, zip code)</i>	471 University Parkway _____ Aiken, SC 29801 _____ _____ _____
12. Telephone Number	(803) 641-3434 _____
13. Fax Number	(803) 641-3362 _____
14. E-Mail Address	tomh@usca.edu _____

B. Chair of the Governing Board

15. Name	Miles Loadholt _____
16. Mailing Address <i>(street, city, state, zip code)</i>	USC, Board of Trustees _____ Osbourne Administration Building 206 _____ Columbia, SC 29208 _____ _____
17. Fax Number	(803) 777-9480 _____
18. Term of office as Chair <i>(Indicate ending date of term)</i>	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 a resource person for the institution's internal review process, work with follow up associated with review, serve as a 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. Therefore, 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 of this document.

19. Name of Accreditation Liaison	Dr. Lloyd A. Dawe _____
20. Title	Director of Institutional Effectiveness _____
21. 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>	471 University Parkway _____ Aiken, SC 29801 _____ _____ _____
22. Telephone Number	(803)641-3338 _____
23. Fax Number	(803) 641-3562 _____
24. E-Mail Address	LloydD@usca.edu _____

SECTION TWO: Enrollment Information *(for FTE and Headcount)*

A. Instructions for calculating FTE

Please report your institution's enrollment for the 2009 **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):	2459 _____
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):	17 _____

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): 4174 _____(hours)	
b. Divide the total hours in 3a by 12, rounding to the nearest whole number:	348 _____
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): 168 _____(hours)	
b. Divide total hours in 4a by 9, rounding to the nearest whole number:	19 _____
5. Total of lines 1, 2, 3b, and 4b:	2843 _____

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 each non-credit course offered in the 2009 fall term, 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).	6558
b. Divide combined total in 6a by 168 if your institution is on a semester or trimester system (12 hours/week x 14 weeks), or by 120 if your institution is on a quarter system (12 hours/week x 10 weeks). Round to the nearest whole number	39

Total For-Credit and Non-credit FTE

7. Total of lines 5 and 6b:	2882
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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.

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

B. Instructions for calculating Enrollment Headcount

Using your institution's definition, report your enrollment headcount for the 2009 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	2459
2. Total number (headcount) Full-Time Post-Baccalaureate Students	17
3. Total number (headcount) For-Credit, Part-Time Undergraduate Students	743
4 Total number (headcount) For-Credit, Part-Time Post-Baccalaureate Students	50
(Space blank intentionally. No calculation requested)	
5. Total number (headcount) students enrolled in <u>non-credit</u> courses	1330

SIGNATURES OF VERIFICATION:

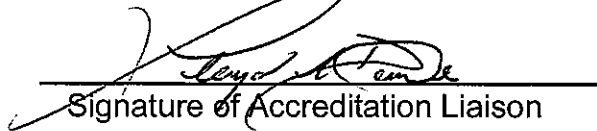
We certify that the information provided in this Profile is correct.



Signature of Chief Executive Officer

1/17/10

Date



Signature of Accreditation Liaison

1/11/10

/Date

COMPLETION CHECKLIST :

- Are all sections of this Profile complete?
- Have the Accreditation Liaison and Chief Executive Officer provided signatures for verification?

NOTE: If you desire proof your submission has been received, please send it in a way that allows tracking and/or confirmation of receipt. Due to volume of profiles received, 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 CHECKLIST:

- The original signed copy of this Profile. (Retain a copy for your records)
- One (1) complete set of current catalogs (undergraduate, graduate & professional). (printed and bound, or CD or disk copy)

Return this completed Profile along with your catalog to:

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

DUE: January 15, 2010