

## A. General Information

**A0 Respondent Information (Not for Publication)**

A0	Name:	Christy Cole				
A0	Title:	Director of Institutional Research				
A0	Office:	Office of Institutional Research				
A0	Mailing Address:	P.O. Box 1053				
A0	City/State/Zip/Country:	Sweet Briar, VA 24595				
A0	Phone:	434-381-6530				
A0	Fax:	434-381-6288				
A0	E-mail Address:	ccole@sbc.edu				
A0	Are your responses to the CDS posted for reference on your institution's Web site?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 50px; text-align: center;">Yes</td> <td style="width: 50px; text-align: center;">No</td> </tr> <tr> <td style="text-align: center;">X</td> <td></td> </tr> </table>	Yes	No	X	
Yes	No					
X						
A0	If yes, please provide the URL of the corresponding Web page: <a href="http://sbc.edu/ir/common-data-set">http://sbc.edu/ir/common-data-set</a>					

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 This information will not be published but will help the publishers further refine CDS items.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

A1	Name of College/University:	Sweet Briar College
A1	Mailing Address:	P.O. Box 1053
A1	City/State/Zip/Country:	Sweet Briar, VA 24595
A1	Street Address (if different):	134 Chapel Rd.
A1	City/State/Zip/Country:	Sweet Briar, VA 24595
A1	Main Phone Number:	434-381-6100
A1	WWW Home Page Address:	<a href="http://www.sbc.edu">http://www.sbc.edu</a>
A1	Admissions Phone Number:	434-381-6142
A1	Admissions Toll-Free Phone Number:	800-381-6142
A1	Admissions Office Mailing Address:	P.O. Box 1052
A1	City/State/Zip/Country:	Sweet Briar, VA 24595
A1	Admissions Fax Number:	434-381-6152
A1	Admissions E-mail Address:	admissions@sbc.edu
A1	If there is a separate URL for your school's online application, please specify: _____	

**A1** 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):**

A2	Public	
A2	Private (nonprofit)	X
A2	Proprietary	

**A3 Classify your undergraduate institution:**

A3	Coeducational college	
A3	Men's college	
A3	Women's college	X

**A4 Academic year calendar:**

A4	Semester	X
A4	Quarter	
A4	Trimester	
A4	4-1-4	
A4	Continuous	
A4	Differs by program (describe):	
A4	Other (describe):	

--

**A5 Degrees offered by your institution:**

A5	Certificate	
A5	Diploma	
A5	Associate	
A5	Transfer Associate	
A5	Terminal Associate	
A5	Bachelor's	X
A5	Postbachelor's certificate	
A5	Master's	X
A5	Post-master's certificate	
A5	Doctoral degree research/scholarship	
A5	Doctoral degree – professional practice	
A5	Doctoral degree -- other	