

**A0 Respondent Information (Not for Publication)**

A0 Name: John Kalb  
 A0 Title: Director  
 A0 Office: Office of Institutional Research  
 A0 Mailing Address: P.O. Box 750221  
 A0 City/State/Zip/Country: Dallas, Texas 75275-0221  
 A0 Phone: (214) 768-3895  
 A0 Fax: (214) 768-4626  
 A0 E-mail Address: [ir@smu.edu](mailto:ir@smu.edu)  
 A0 Are your responses to the CDS posted for reference on your institution's Web site? Yes No  
 X  
 A0 If yes, please provide the URL of the corresponding Web page:  
[http://smu.edu/ir/CDS/CDS\\_10.asp](http://smu.edu/ir/CDS/CDS_10.asp)

A0A

**A1 Address Information**

A1 Name of College/University:  
 A1 Mailing Address:  
 A1 City/State/Zip/Country:  
 A1 Street Address (if different):  
 A1 City/State/Zip/Country:  
 A1 Main Phone Number:  
 A1 WWW Home Page Address:  
 A1 Admissions Phone Number:  
 A1 Admissions Toll-Free Phone Number:  
 A1 Admissions Office Mailing Address:  
 A1 City/State/Zip/Country:  
 A1 Admissions Fax Number:  
 A1 Admissions E-mail Address:  
 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 Public  
 A2 Private (nonprofit) X  
 A2 Proprietary

**A3 Classify your undergraduate institution:**  
 A3 Coeducational college X  
 A3 Men's college  
 A3 Women's college

**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 X  
 A5 Master's X  
 A5 Post-master's certificate X  
 A5 Doctoral degree research/scholarship X  
 A5 Doctoral degree – professional practice