



A. General Information

A0 Respondent Information (Not for Publication)

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|----|--|---|
| A0 | Name: | Corey Shilling |
| A0 | Title: | Director of Institutional Research |
| A0 | Office: | Office of Institutional Research & Analysis |
| A0 | Mailing Address: | Admin 311, 2200 Bonforte Blvd. |
| A0 | City/State/Zip/Country: | Pueblo, CO, 81001, United States |
| A0 | Phone: | 719-549-2982 |
| A0 | Fax: | |
| A0 | E-mail Address: | corey.shilling@csupueblo.edu |
| A0 | Are your responses to the CDS posted for reference on your institution's Web site? Yes | |
| A0 | If yes, please provide the URL of the corresponding Web page: | https://www.csupueblo.edu/institutional-research/common-data-set.html |

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 This information will not be published but will help the publishers further refine CDS items.

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A1 Address Information

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| A1 | Name of College/University: | Colorado State University-Pueblo |
| A1 | Mailing Address: | 2200 Bonforte Boulevard |
| A1 | City/State/Zip/Country: | Pueblo, CO, 81001, United States |
| A1 | Street Address (if different): | |
| A1 | City/State/Zip/Country: | |
| A1 | Main Phone Number: | 719-549-2100 |
| A1 | WWW Home Page Address: | http://www.csupueblo.edu |
| A1 | Admissions Phone Number: | 719-549-2462 |
| A1 | Admissions Toll-Free Phone Number: | 719-549-2462 |
| A1 | Admissions Office Mailing Address: | 2200 Bonforte Boulevard |
| A1 | City/State/Zip/Country: | Pueblo, CO, 81001, United States |
| A1 | Admissions Fax Number: | 719-549-2419 |
| A1 | Admissions E-mail Address: | info@colostate-pueblo.edu |
| A1 | If there is a separate URL for your school's online application, please specify: | https://www.csupueblo.edu/admissions/apply-now.html |
| 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 | <input checked="" type="checkbox"/> |
| A2 | Private (nonprofit) | <input type="checkbox"/> |
| A2 | Proprietary | <input type="checkbox"/> |

A3 Classify your undergraduate institution:

| | | |
|----|-----------------------|-------------------------------------|
| A3 | Coeducational college | <input checked="" type="checkbox"/> |
| A3 | Men's college | <input type="checkbox"/> |
| A3 | Women's college | <input type="checkbox"/> |

A4 Academic year calendar:

| | | |
|----|--------------------------------|-------------------------------------|
| A4 | Semester | <input checked="" type="checkbox"/> |
| A4 | Quarter | <input type="checkbox"/> |
| A4 | Trimester | <input type="checkbox"/> |
| A4 | 4-1-4 | <input type="checkbox"/> |
| A4 | Continuous | <input type="checkbox"/> |
| A4 | Differs by program (describe): | <input type="checkbox"/> |
| A4 | Other (describe): | <input type="checkbox"/> |



A5 Degrees offered by your institution:

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