A0 A0 A0 A0 A0 A0 A0	Respondent Information (Not for Pull Name: Title: Office: Mailing Address: City/State/Zip/Country: Phone: Fax: E-mail Address:	blication)	
		ed for reference on your institution's Web site?	Yes No
A0	If yes, please provide the URL of the	e corresponding Web page:	
A0A	requested analytic convention, cannot methodology is unclear, or about wh	items on the CDS for which you cannot use the of provide data for the cohort requested, whose ich you have questions or comments in general. This t will help the publishers further refine CDS items.	s
A1 A1 A1 A1 A1 A1	Address Information Name of College/University: Mailing Address: City/State/Zip/Country: Street Address (if different): City/State/Zip/Country: Main Phone Number: WWW Home Page Address: Admissions Phone Number: Admissions Toll-Free Phone Number: Admissions Office Mailing Address: City/State/Zip/Country: Admissions Fax Number: Admissions E-mail Address: If there is a separate URL for your school's online application, please	The University of Texas at Tyler 3900 University Blvd. Tyler, TX 75799 903-566-7000 http://www.uttyler.edu 903-566-7202 1-800-UTTYLER 3900 University Blvd. Tyler, TX 75799 903-566-7068 admissions@mail.uttyl.edu	
A1	specify: If you have a mailing address other than the above to which applications should be sent, please provide:		

A. General Information

A2 A2	Source of institutional control (Chec Public Private (nonprofit) Proprietary	k only one): x
A3 A3	Classify your undergraduate instituti Coeducational college Men's college Women's college	on: x
A4 A4 A4 A4	Academic year calendar: Semester Quarter Trimester 4-1-4 Continuous	X
	Differs by program (describe):	
A4	Other (describe):	
A5 A5 A5 A5	Degrees offered by your institution: Certificate Diploma Associate Transfer Associate Terminal Associate	
A5	Bachelor's Postbachelor's certificate	X
A5 A5 A5	Master's Post-master's certificate Doctoral	X
	First professional	
A5	First professional certificate	