

A. General Information

A0 Respondent Information (Not for Publication)

A0	Name:	Renee Orlick				
A0	Title:	Associate Director of Institutional Research				
A0	Office:	Office of the Provost				
A0	Mailing Address:	0615 SW Palatine Hill Rd, MSC 37				
A0	City/State/Zip/Country:	Portland, OR 97219-7899				
A0	Phone:	503-768-7864				
A0	Fax:					
A0	E-mail Address:	orlickr@lclark.edu				
A0	Are your responses to the CDS posted for reference on your institution's Web site?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; 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:	http://www.lclark.edu/offices/institutional_research/standard_reports/common_data_set/				

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 This information will not be published but will help the publishers further refine CDS items.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:	Lewis & Clark College
A1	Mailing Address:	0615 SW Palatine Hill Rd
A1	City/State/Zip/Country:	Portland, OR 97219-7899
A1	Street Address (if different):	
A1	City/State/Zip/Country:	
A1	Main Phone Number:	503-768-7000
A1	WWW Home Page Address:	lclark.edu
A1	Admissions Phone Number:	503-768-7040
A1	Admissions Toll-Free Phone Number:	800-444-4111
A1	Admissions Office Mailing Address:	0615 SW Palatine Hill Drive, MSC 32
A1	City/State/Zip/Country:	Portland, OR 97219-7899
A1	Admissions Fax Number:	503-768-7055
A1	Admissions E-mail Address:	admissions@lclark.edu
A1	If there is a separate URL for your school's online application, please specify: _____	http://college.lclark.edu/offices/admissions/apply/
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	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	
A5	Doctoral degree -- professional practice	x
A5	Doctoral degree -- other	