

A. General Information

A0. Respondent Information (not for publication)

First Name:	
Last Name:	
Title:	Director, Institutional Research
Office:	
Address:	1419 Salt Springs Rd
City:	Syracuse
State:	New York
Zip:	13214
Country:	United States
Phone Number:	
Extension:	
Email Address:	

Are your responses to the CDS posted for reference on your institution's website? *(click to select from dropdown)*

Yes

If yes, please provide a direct link to the posted CDS responses:

<https://www.lemoyne.edu/College-Administration/Office-of-Institutional-Research/Common-Data-Set>

A0A. Comments About CDS (not for publication)

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 This information will not be published but will help the publishers further refine CDS items.

*Enter comments
about CDS here:*

A1. Address Information

Please enter general institution information below:

Name of College or University
Street Address:
City:
State:
Zip:
Country:
Main Institution Phone Number:
Main Institution Website:
Main Institution Email:

Le Moyne College
1419 Salt Springs Road
Syracuse
New York
13214-1301
United States
315-445-4100
www.lemoyne.edu
communications@lemoyne.edu

Please enter Admissions Office information below:

Street Address:
City:
State:
Zip:
Country:
Admissions Phone Number:
Admissions Toll-free Number:
Admissions Website:
Admissions Email Address:

1419 Salt Springs Road
Syracuse
New York
13214-1301
United States
315-445-4300
800-333-4733
https://lemoyne.edu/admission
admissions@lemoyne.edu

Is there a separate URL for your school's online application? If yes, please specify:

www.lemoyne.edu/apply
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If you have a mailing address other than the one listed above to which applications should be sent, please provide:

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A2. Source of Institutional Control: *(click to select from dropdown)*

Private (Nonprofit)

A3. Classify your undergraduate institution: *(click to select from dropdown)*

Coeducational

A4. Academic year calendar: *(click to select from dropdown)*

Semester

A4A. Describe if calendar differs by program or other:

A5. Degrees offered by your institution *(select all that apply).*

- | | |
|---|---|
| <input checked="" type="checkbox"/> Certificate | <input checked="" type="checkbox"/> Master's |
| <input type="checkbox"/> Diploma | <input checked="" type="checkbox"/> Post-Master's certificate |
| <input type="checkbox"/> Associate | <input type="checkbox"/> Doctoral degree - research/scholarship |
| <input type="checkbox"/> Terminal | <input checked="" type="checkbox"/> Doctoral degree - professional practice |
| <input type="checkbox"/> Transfer | <input type="checkbox"/> Doctoral degree - other |

Bachelor's

Post-Bachelor's certificate

A6. Diversity, Equity, and Inclusion

If you have a diversity, equity, and inclusion office or department, please provide the URL of the corresponding Web page:

<https://www.lemoyne.edu/Experience/Getting-Involved/Inclusion>

END OF SECTION A