Deadline for submitting this Profile: **November 15, 1999**

**INSTITUTIONAL PROFILE**
**FOR GENERAL INFORMATION**
**AND ENROLLMENT DATA**
**FALL 1999**

**General Instructions**

The Commission on Colleges has divided its institutional profile into two documents:

- *Institutional Profile for General Information and Enrollment Data* (Fall 1999)

  *(To be distributed January 2000 for return March 2000)*

**Before completing the Fall 1999 Profile, please**

☐ Carefully read all directions

☐ Make a copy of this form

☐ Assign completion of the form to an individual knowledgeable in the area of enrollment data

**Before returning the completed Fall 1999 Profile, please review the last page of this document to ensure that checklists are complete. Return with this completed form one complete set of current catalogs (undergraduate and graduate). Thank you for your prompt attention.**

Please direct all questions to Steve Whittington at (404) 679-4501, ext. 532
SECTION ONE: General Information

Part I: Instructions

Listed is the response provided by your institution on the 1998 Profile. If the information submitted last year is incorrect or incomplete, please submit changes on a letter signed by the chief executive officer of the institution and return with the completed Profile.

1. Institution's Official Name
   The University of West Florida

2. Institution's Mailing Address
   11000 University Parkway
   Pensacola, FL 32514-5750

3. Main Switchboard Telephone Number
   (850) 474-2000

4. Institution's home Web Site Address (Do not include http://www)
   uwf.edu/

5. Institutional Governance or Control
   Public

6. Institutional Religious Affiliation

7. Calendar System
   Semester

8. Name of Governance System
   (includes governing board system, not coordinating board)
   State University System of Florida
Part II: Instructions

Listed in the left-hand column below (items 9-24) is the response provided by your institution on the 1998 Profile. If the information submitted last year is incorrect or incomplete, please make the correction or provide additional information in the right-hand column. If the information provided last year is complete and correct, please do not repeat the information.

A. Chief Executive Officer

9. Name
   Dr. Morris L. Marx

10. Title
    University President

11. Office Mailing Address
    11000 University Parkway
    Pensacola, FL 32514-5750

12. Telephone Number
    (850) 474-2227

13. Fax Number
    (850) 474-3131

14. E-Mail Address
    mm Marx@uwf.edu

B. Chair of the Board

15. Name
    Dennis M. Ross

16. Mailing Address
    13799 78th Ave., North
    Suite 301
    Seminole, FL 33776

17. Fax Number
    (727) 397-3157

18. Term of office as Chair
    (Indicate ending date of term)
    9/98-9/99

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C. Institution's Accreditation Liaison Officer

The Commission encourages each institution to appoint a member of its staff as the Accreditation Liaison Officer to serve as a contact person with the Commission, supervise the completion of this form, serve as a resource person for self-studies and for information on accreditation criteria, policies, and procedures, and coordinate visits. (For more information regarding the liaison, see enclosure.)

19. Name  
Carol A. Backman

20. Title  
Associate Vice-President

21. Office Mailing Address  
11000 Univ. Pkwy.  
Pensacola, FL 32514  
Pensacola, FL 32514-5750

22. Telephone Number  
8504742035  
(850) 474 2212

23. Fax Number  
8504743131  
(850) 474 3253

24. E-Mail Address  
cbackman@uwf.edu  
jnorris@uwf.edu

D. Respondent

Please provide the following information for the individual responsible for completing this form. If the respondent is the institution’s Accreditation Liaison Officer, please indicate this by entering "Accreditation Liaison Officer" on line 25, and leave items 26 through 30 blank.

25. Name  
Jacqueline J. Berger

26. Title  
Director, Institutional Research

27. Office Mailing Address  
same as 21 above

28. Telephone Number  
(850) 474 3118

29. Fax Number  
(850) 474 3253

30. E-Mail Address  
berger@uwf.edu

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SECTION TWO: Enrollment Information

Instructions:

In items 1-7 below, the left-hand column states your institutional response from 1998. Please report your institution's enrollment for the 1999 fall term in the right-hand column. **Fill in all applicable blanks in the right-hand column, even if the 1999 figure is the same as the 1998 figure.** When tabulating the total, include all degree and non-degree students, **wherever instruction occurs.** For purposes of Commission's use, please use the following Commission definitions for your computation and NOT YOUR INSTITUTION'S DEFINITION.

A full-time undergraduate student is one who is enrolled for 12 or more credit hours.

A full-time post-baccalaureate student is one who is enrolled for 9 or more credit hours.

**For-Credit, Full-Time Undergraduate and Post-Baccalaureate Students**

1. Total number of full-time undergraduate students (those taking 12 or more credit hours):
   4145
   4149

2. Total number of full-time post-baccalaureate (Master's or doctoral programs, or other for-credit programs) students (those taking 9 or more credit hours):
   426
   389

**For-Credit, Part-Time Undergraduate and Post-Baccalaureate Students**

3. a. Total hours of all undergraduate students carrying fewer than 12 credit hours (definition of part-time student): 14378

   b. Divide the total hours in 3a by 12, rounding to the nearest whole number:
   1293
   1198

4. a. Total hours of all post-baccalaureate students (Master's or doctoral programs, or other for-credit programs) carrying fewer than 9 credit hours (definition of part-time student): 5548

   b. Divide total hours in 4a by 9, rounding to the nearest whole number:
   616

5. Total

   Total of lines 1, 2, 3b, and 4b:
   6352
Non-Credit

a. For each non-credit course offered in the 1999 fall term, multiply the total number of contact hours for the course (as determined by your institution) by the total number of students enrolled in the course. Add resulting figures for all non-credit courses (See example below).

b. Divide combined total in 6a by 168 if your institution is on a semester or trimester system (12 hours/week x 14 weeks), or by 120 if your institution is on a quarter system (12 hours/week x 10 weeks). Round the quotient to the nearest whole number:

31

Total

7. Total of items 5 and 6b:

6357

Example:

An institution has five non-credit courses. Course one has 17 students and 20 course contact hours, course two has 11 students and 15 contact hours; course three has 10 students and 15 contact hours; course four has 16 students and 5 contact hours; and course five has 14 students and 10 contact hours.

<table>
<thead>
<tr>
<th>Calculation for Part 6a.</th>
<th>Students</th>
<th>Contact Hours</th>
<th>=</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course one:</td>
<td>17</td>
<td>20</td>
<td>340</td>
</tr>
<tr>
<td>Course two:</td>
<td>11</td>
<td>15</td>
<td>165</td>
</tr>
<tr>
<td>Course three:</td>
<td>10</td>
<td>15</td>
<td>150</td>
</tr>
<tr>
<td>Course four:</td>
<td>16</td>
<td>5</td>
<td>80</td>
</tr>
<tr>
<td>Course five:</td>
<td>14</td>
<td>10</td>
<td>140</td>
</tr>
</tbody>
</table>

Calculation Total for Part 6a. = 975
SIGNATURES OF VERIFICATION:

We certify that the information provided in this Profile is correct.

Marilyn J. Maye
Signature of Chief Executive Officer 11/15/99

Jacqueline J. Beger
Signature of Respondent 11/15/99

COMPLETION CHECKLIST:

☑ Are all sections of this Profile complete?

☑ Have the respondent and Chief Executive Officer provided signatures for verification?

RETURN CHECKLIST:

☑ Two (2) completed copies of this Profile.

☑ One (1) complete set of current catalogs (undergraduate and graduate).

☑ w/ Letter for Section One, Part 1 (only if there changes to lines 1 through 7)

Return this completed Profile and all required materials to:

Commission on Colleges
ATTN: Institutional Profiles
Southern Association of Colleges and Schools
1866 Southern Lane
Decatur, Georgia 30033-4097