

A. General Information

A0 Respondent Information (Not for Publication)

First Name:
 Last Name:
 Title:
 Office:
 Address Line 1:
 Address Line 2:
 Address Line 3:
 City:
 State:
 Zipcode:
 Country:
 Phone:
 Email Address:

Rion
 McDonald
 Director
 Institutional Research
 119 EPS Building

 Martin
 Tennessee
 38238
 United States of America
 731-881-7014
 rmcdon10@utm.edu

Are your responses to the CDS posted for reference on your institution's Website? ☒ Yes or No

If yes, please provide the URL of the corresponding Web page:

<https://www.utm.edu/offices-and-services/office-of-institutional-research/statistical-reports.php>

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 This information will not be published but will help the publishers further refine CDS items.

A0A

A1 Address Information

Name of College/University:
 Street Address Line 1:
 Street Address Line 2:
 Street Address Line 3:
 City:
 State:
 Zip:
 Country:
 Main Phone Number (Area Code):
 Main Phone Number:
 Main Phone Number (Ext):
 WWW Home Page Address:
 Main Institution Email:

The University of Tennessee at Martin
 554 University Street

 Martin
 Tennessee
 38238
 United States of America
 731
 881-7000
 www.utm.edu
 admitme@utm.edu

Admissions Office

Admissions Office Street Address (if different):
 Street Address (if different) Line 2:
 Street Address (if different) Line 3:
 City:
 State:
 Zip:
 Country:
 Admissions Phone Number (Area Code):
 Admissions Phone Number:
 Admissions Phone Number (Ext):
 Admissions Toll-Free Phone Number (Out-of-State Area Code):
 Admissions Toll-Free Phone Number:
 Admissions Toll-Free Phone Number (Ext):
 Admissions Email Address:

325 Clement Hall

 Martin
 Tennessee
 382378
 United States of America
 731
 881-7020

 800
 829-8861
 admitme@utm.edu

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

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):

- | | |
|-------------------------------------|---------------------|
| ☒ | Public |
| ☐ | Private (nonprofit) |
| ☐ | Proprietary |

A3 Classify your undergraduate institution:

- | | |
|-------------------------------------|-----------------------|
| ☒ | Coeducational college |
| ☐ | Men's college |
| ☐ | Women's college |

A4 Academic year calendar:

- | | |
|-------------------------------------|--------------------------------|
| ☒ | Semester |
| ☐ | Quarter |
| ☐ | Trimester |
| ☐ | 4-1-4 |
| ☐ | Continuous |
| ☐ | Differs by program (describe): |

- | | |
|--------------------------|-------------------|
| ☐ | Other (describe): |
|--------------------------|-------------------|

A5 Degrees offered by your institution:

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

A6 Campus Belonging Webpage

If your institution has an office or department dedicated to fostering a welcoming and supportive campus climate for individuals from all backgrounds, please provide the URL of the corresponding Web page:

<https://www.utm.edu/offices-and-services/access-engagement/>