

A. General Information

A0. Respondent Information (not for publication)

First Name:	Read
Last Name:	McFaddin
Title:	Assistant Director
Office:	Institutional Research and Planning
Address:	615 S Palatine Hill Rd
City:	Portland
State:	Oregon
Zip:	97219-7899
Country:	United States
Phone Number:	503-768-7202
Extension:	
Email Address:	ir@lclark.edu

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:

http://www.lclark.edu/offices/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 Comments About CDS (not for publication)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 This information will not be published but will help the publishers further refine CDS items.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:*

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A1. Address Information

Please enter general institution information below:

Name of College or University	Lewis & Clark College
Street Address:	615 S Palatine Hill Rd
City:	Portland
State:	Oregon
Zip:	97219-7899
Country:	United States
Main Institution Phone Number:	(503) 768-7000
Main Institution Website:	lclark.edu
Main Institution Email:	

Please enter Admissions Office information below:

Street Address:	615 S Palatine Hill Drive, MSC 32
City:	Portland
State:	Oregon
Zip:	97219-7899
Country:	United States
Admissions Phone Number:	(503) 768-7040
Admissions Toll-free Number:	
Admissions Website:	https://college.lclark.edu/offices/admissions/
Admissions Email Address:	admissions@lclark.edu

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

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If you have a mailing address other than the one listed above to which applications should be sent, please provide:

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

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

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

A4A. Describe if calendar differs by program or other:

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

- | | |
|--|---|
| <input 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 |
| <input checked="" type="checkbox"/> Bachelor's | |
| <input type="checkbox"/> 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:

END OF SECTION A