A. General Information

A0 Respondent Information (Not for Publication)

First Name:	Jessica
Last Name:	Matthews
Title:	Senior Director of Enrollment Analytics
Office:	Office of Institutional Analytics
Address Line 1:	1000 Regent University Drive
Address Line 2:	
Address Line 3:	
City:	Virginia Beach
State	Virginia
Zipcode	23464
Country:	United States of America
Phone:	757.352.5025
Email Address:	oia@regent.edu

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

If yes, please provide the URL of the corresponding Web page:
https://www.regent.edu/office-of-institutional-analytics/#institutional-research/common-data-set-cds

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 This information will not be published but will help the publishers further refine CDS items.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

Name of College/University:	Regent University
Street Address Line 1:	1000 Regent University Drive
Street Address Line 2:	
Street Address Line 3:	
City	Virginia Beach
State	Virginia
Zip	23464
Country:	United States of America
Main Phone Number (Area Code)	757
Main Phone Number:	352-4000
Main Phone Number (Ext):	
WWW Home Page Address:	www.regent.edu
Main Institution Email	admissions@regent.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):	757
Admissions Phone Number:	352-4127
Admissions Phone Number (Ext):	
Admissions Toll-Free Phone Number (Out-of-State Area Code):	800
Admissions Toll-Free Phone Number:	373-5504
Admissions Toll-Free Phone Number (Ext):	
Admissions Email Address:	admissions@regent.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
X	Private (nonprofit)
	Proprietary

A3 Classify your undergraduate institution:

X	Coeducational college
	Men's college
	Women's college

A4 Academic year calendar:

X	Semester
	Quarter
	Trimester
	4-1-4
	Continuous
	Differs by program (describe):

	Other (describe):

A5 Degrees offered by your institution:

X	Certificate
	Diploma
X	Associate
	Transfer Associate
	Terminal Associate
X	Bachelor's
X	Postbachelor's certificate
X	Master's
X	Post-master's certificate
X	Doctoral degree research/scholarship
X	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: