A. General Information

A0. Respondent Information (not for publication)

First Name:	Sharmyne
Last Name:	Evans
Title:	Director
Office:	Data Analytics, Institutional Research and Effectiveness
Address:	830 Westview Drive SW
City:	Atlanta
State:	GA
Zip:	30314
Country:	United States
Phone Number:	(470) 639-0390
Extension:	
Email Address:	data@morehouse.edu

 $\label{lem:convergence} \textit{Are your responses to the CDS posted for } \underline{\textit{reference on your institution's website?}} \textit{(click to select from dropdown)}$

Yes

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

https://morehouse.edu/about/services-and-administration/data-analytics-institutional-research-and-effectiveness/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 Comments About CDS (not for publication)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 This information will not be published but will help the publishers further refine CDS items.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:
Atlanta
State:
GA
Zip:
Morehouse College
830 Westview Drive SW
Atlanta
GA
30314

Country: United States

Main Institution Phone Number: (470) 639-0999

Main Institution Website: https://www.morehouse.edu/

Main Institution Email:

Please enter Admissions Office information below:	
Street Address:	830 Westview Drive SW
City:	Atlanta
State:	GA
Zip:	30314
Country:	(404) 215-2618
Admissions Phone Number:	
Admissions Toll-free Number:	
Admissions Website:	https://morehouse.edu/admissions/apply/
Admissions Email Address:	admissions@morehouse.edu
Is there a separate URL for your school's or	nline application? If yes, please specify:
,	https://slate.morehouse.edu/apply/
	https://www.commonapp.org/explore/morehouse-college
If you have a mailing address other than th	e one listed above to which applications should be sent, please provide:
A2. Source of Institutional Control: (click to	o select from dropdown)
	Private (Nonprofit)
A3. Classify your undergraduate institutio	n: (click to select from dropdown)
	Men's College
A4. Academic year calendar: (click to selec	t from dropdown)
	Semester
A4A Describe if calendar differs by program or other:	

A4A. Describe if calendar differs by program or other:

A5. Degrees offered by your institution (select all that apply).						
3		, -				
	Certificate		Master's			
✓	Diploma		Post-Master's certificate			
	Associate		Doctoral degree - research/scholarship			
	Terminal		Doctoral degree - professional practice			
	Transfer		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:						
			END OF SECTION A			