A. General Information

A0 **Respondent Information (Not for Publication)**

First Name:	Rion
Last Name:	McDonald
Title:	Director
Office:	Institutional Research
Address Line 1:	119 EPS Building
Address Line 2:	
Address Line 3:	
City:	Martin
State	Tennessee
Zipcode	38238
Country:	United States of America
Phone:	731-881-7014
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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.utm.edu/offices-and-services/office-of-institutional-research/statistical-reports.php

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 This information will not be published but will help the publishers further refine CDS items.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:	The University of Tennessee at Martin
Street Address Line 1:	554 University Street
Street Address Line 2:	
Street Address Line 3:	
City	Martin
State	Tennessee
Zip	38238
Country:	United States of America
Main Phone Number (Area Code)	731
Main Phone Number:	881-7000
Main Phone Number (Ext):	
WWW Home Page Address:	www.utm.edu
Main Institution Email	admitme@utm.edu

Admissions Office

Admissions Office Street Address (if different):	325 Clement Hall
Street Address (if different) Line 2:	
Street Address (if different) Line 3:	
City	Martin
State	Tennessee
Zip	382378
Country:	United States of America
Admissions Phone Number (Area Code):	731
Admissions Phone Number:	881-7020
Admissions Phone Number (Ext):	
Admissions Toll-Free Phone Number (Out-of-State Area Code):	800
Admissions Toll-Free Phone Number:	829-8861
Admissions Toll-Free Phone Number (Ext):	
Admissions Email Address:	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)**:**

X	Public
	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
	Associate
	Transfer Associate
	Terminal Associate
X	Bachelor's
X	Postbachelor's certificate
X	Master's
X	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/