



Institution: University of Missouri-St Louis (178420)

User ID: 29C0011

Part A - Mission Statement

1. Provide the institution's mission statement or a web address (URL) where the mission statement can be found. Typed statements are limited to 2,000 characters or less. The mission statement will be available to the public on College Navigator.

| | | |
|------------------------|----------------------|----------------------------------------------------------------------------------|
| Mission Statement URL: | https:// | <input type="text" value="www.umsl.edu/~ir/fact%20book/mission_statement.html"/> |
| Mission Statement: | <input type="text"/> | |

Part C - Student Services - Special Learning Opportunities

1. Does your institution accept any of the following? [Check all that apply]

| | |
|--------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> | <u>Dual credit</u> (college credit earned while in high school) |
| <input type="checkbox"/> | <u>Credit for life experiences</u> |
| <input type="checkbox"/> | <u>Advanced placement (AP) credits</u> |
| <input type="checkbox"/> | None of the above |

2. What types of special learning opportunities are offered by your institution? [Check all that apply]

| | | | |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------|
| <input type="checkbox"/> | ROTC | | |
| <input type="checkbox"/> | <input type="checkbox"/> Army | <input type="checkbox"/> Navy | <input type="checkbox"/> Air Force |
| <input type="checkbox"/> | <u>Study abroad</u> | | |
| <input type="checkbox"/> | <u>Weekend/evening college</u> | | |
| <input type="checkbox"/> | <u>Teacher certification</u> (for the elementary, middle school/junior high, or secondary level) Do not include certifications to teach at the postsecondary level. | | |
| <input type="checkbox"/> | Students can complete their preparation in certain areas of specialization | | |
| <input type="checkbox"/> | Students must complete their preparation at another institution for certain areas of specialization | | |
| <input type="checkbox"/> | This institution is approved by the state for the initial certification or licensure of teachers | | |
| <input type="checkbox"/> | None of the above | | |

3. If your institution grants a bachelor's degree or higher but does not offer a full 4-year program of study at the undergraduate level, how many


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Part C - Student Services - Distance Education

 7. Please indicate at what level(s) your institution does or does not offer distance education courses and/or distance education programs. Check all that apply.

| | <u>Distance education courses</u> | <u>Distance education programs</u> | Does not offer Distance Education |
|---------------------|-----------------------------------|------------------------------------|-----------------------------------|
| Undergraduate level | | | |
| Graduate level | | | |

 8. Are all the programs at your institution offered exclusively via distance education programs?

| | | |
|--|-----|--|
| | No | |
| | Yes | |

Part C - Student Services: Disability Services

9. Please indicate the percentage of all undergraduate students enrolled during Fall 2018 who were formally registered as students with disabilities with the institution's office of disability services (or the equivalent office).

| | | | |
|--|--|----------------------|----------------------------------|
| | | 3 percent or less | |
| | | More than 3 percent: | <input type="text" value="6"/> % |
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Part D - Student Charges Questions

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Part D - Undergraduate Student Charges

If the institution charges an application fee, indicate the amount.

| | Amount | Prior year |
|--------------------------------------|--------|------------|
| <u>Undergraduate application fee</u> | 35 | 35 |

5. Charges to full-time undergraduate students for the full academic year 2019-20

Please be sure to report an average tuition that includes all students at all levels (freshman, sophomore, etc.).

| | <u>In-district</u> | Prior year | <u>In-state</u> | Prior year | <u>Out-of-state</u> | Prior year |
|---------------------------------------------|--------------------|------------|-----------------|------------|---------------------|------------|
| <u>All full-time undergraduate students</u> | | | | | | |
| Average tuition | 11,079 | 10,491 | 11,079 | 10,491 | 29,295 | 27,900 |
| Required fees | 0 | 0 | 0 | 0 | 0 | 0 |

6. Per credit hour charge for part-time undergraduate students

Please be sure to report an average per credit tuition that includes all students at all levels (freshman, sophomore, etc.).

| | <u>In-district</u> | Prior year | <u>In-state</u> | Prior year | <u>Out-of-state</u> | Prior year |
|-------------------------------|--------------------|------------|-----------------|------------|---------------------|------------|
| <u>Per credit hour charge</u> | 369 | 350 | 369 | 350 | 977 | 930 |

Part D - Graduate Student Charges

If the institution charges an application fee, indicate the amount.

| | Amount | Prior year |
|---------------------------------|--------|------------|
| <u>Graduate application fee</u> | 50 | 50 |

Please do not include tuition for Doctor's Degree – Professional Practice programs.
Data for those programs are collected separately.

7. Charges to full-time graduate students for the full academic year 2019-20

| | <u>In-district</u> | Prior year | <u>In-state</u> | Prior year | <u>Out-of-state</u> | Prior year |
|-----------------|--------------------|------------|-----------------|------------|---------------------|------------|
| Average tuition | | | | | | |
| | | | | | | |
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Part D - Student Charges - Graduate, Doctor's-Professional Practice Tuition

9. List the typical tuition and required fees for a full-time doctor's-professional practice student in any of the selected programs for the full academic year 2019-20.

DO NOT include room and board charges

| <u>Doctor's degree-professional practice</u> | | In-state | Out-of-state |
|----------------------------------------------|------------------------------------------------------------------|------------------------------------------|-------------------------------------|
| 1. Chiropractic (D.C. or D.C.M.): | | | |
| <u>Tuition amount</u> | | <input type="text"/> | <input type="text"/> |
| <u>Required fees</u> | | <input type="text"/> | <input type="text"/> |
| 2. Dentistry (D.D.S. or D.M.D.): | | | |
| <u>Tuition amount</u> | | <input type="text"/> | <input type="text"/> |
| <u>Required fees</u> | | <input type="text"/> | <input type="text"/> |
| 3. Medicine (M.D.): | | | |
| <u>Tuition amount</u> | | <input type="text"/> | <input type="text"/> |
| <u>Required fees</u> | | <input type="text"/> | <input type="text"/> |
| 4. Optometry (O.D.): | | | |
| <u>Tuition amount</u> | | <input type="text" value="24,400"/> | <input type="text" value="40,787"/> |
| <u>Required fees</u> | | <input type="text" value="0"/> | <input type="text" value="0"/> |
| 5. Osteopathic Medicine (D.O.): | | | |
| <u>Tuition amount</u> | | <input type="text"/> | <input type="text"/> |
| <u>Required fees</u> | ReqC.M.):data) 0 -12.72 2 -128 -157 0-128 5 W n 1 g 2 -.029999 | <input type="text" value="57 0 1S 5 I"/> | |
| 6. Pharmacy (Pharm.D.): | | | |
| <u>Tuition amount</u> | | <input type="text"/> | <input type="text"/> |
| <u>Required fees</u> | | <input type="text"/> | <input type="text"/> |
| 7. Podiatry (Pod.D., D.P., or D.P.M.): | | | |
| <u>Tuition amount</u> | | <input type="text"/> | <input type="text"/> |
| <u>Required fees</u> | | <input type="text"/> | <input type="text"/> |
| 8. Veterinary Medicine (D.V.M.): | | | |
| <u>Tuition amount</u> | | <input type="text"/> | <input type="text"/> |
| <u>Required fees</u> | | <input type="text"/> | <input type="text"/> |
| 9. Law (J.D.): | | | |
| <u>Tuition amount</u> | | <input type="text"/> | <input type="text"/> |

Part D - Student Charges - Room and Board

10. What are the typical room and board charges _____ for a student for the full academic year 2019-20?

If your institution offers room or board at no charge to students, enter zero.

If you report room and board separately, leave the combined charge blank. If you report a combined charge, leave the room and board charges blank.

| <u>Room</u> and <u>board</u> charges | Amount | Prior year |
|----------------------------------------------------------------------------------------------------------------|------------------------------------|------------|
|  Room charge (Double occupancy) | <input type="text" value="5,450"/> | 5,340 |
|  Board charge (Maximum plan) | <input type="text" value="4,100"/> | 4,023 |
| Combined room and board charge | | |

Part D - Student Charges - Price of Attendance

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Off-campus (with family):

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|-----------------------|-------|-------|-------|-------|--|--|
| <u>Other expenses</u> | 5,244 | 5,692 | 5,612 | 6,318 | | |
|-----------------------|-------|-------|-------|-------|--|--|

You may use the space below to provide context for the data you've reported above. These context notes will be posted on the College Navigator website, and should be written to be understood by students and parents.

Prepared by

The name of the preparer is being collected so that we can follow up with the appropriate person in the event that there are questions concerning the data. The Keyholder will be copied on all email correspondence to other preparers.

The time it took to prepare this component is being collected so that we can continue to improve our estimate of the reporting burden associated with IPEDS. Please include in your estimate the time it took for you to review instructions, query and search data sources, complete and review the component, and submit the data through the Data Collection System.

Thank you for your assistance.

This survey component was prepared by:

| | | | | | |
|--------|-------------------------------------------------|--|--------------------------|--|------------|
| | Keyholder | | SFA Contact | | HR Contact |
| | Finance Contact | | Academic Library Contact | | Other |
| Name: | <input type="text" value="Randy Sade"/> | | | | |
| Email: | <input type="text" value="SadeR@umsystem.edu"/> | | | | |

How many staff from your institution only were involved in the data collection and reporting process of this survey component?

| | |
|------------------------------------|--------------------------------------|
| <input type="text" value="11.00"/> | Number of Staff (including yourself) |
|------------------------------------|--------------------------------------|

How many hours did you and others from your institution only spend on each of the steps below when responding to this survey component?

Exclude the hours spent collecting data for state and other reporting purposes.

| Staff member | Collecting Data Needed | Revising Data to Match IPEDS Requirements | Entering Data | Revising and Locking Data |
|--------------|------------------------|-------------------------------------------|---------------|---------------------------|
| Your office | <input type="text"/> | | | |
| | | | | |

Summary

Institutional Characteristics Component Summary
Academic Year Reporters

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Institutional Characteristics

