

A. General Information

A0 Respondent Information (Not for Publication)

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|-------------------------|--|
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Are your responses to the CDS posted for reference on your institution's Web site? Yes No

If yes, please provide the URL of the corresponding Web page:

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 This information will not be published but will help the publishers further refine CDS items.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: | Creighton University |
| Mailing Address: | 2500 California Plaza |
| City/State/Zip/Country: | Omaha, NE 68178 |
| Street Address (if different): | |
| City/State/Zip/Country: | |
| Main Phone Number: | 402-280-2700 |
| WWW Home Page Address: | http://www.creighton.edu |
| Admissions Phone Number: | 402-280-2703 |
| Admissions Toll-Free Phone Number: | 800-282-5835 |
| Admissions Office Mailing Address: | 2500 California Plaza |
| City/State/Zip/Country: | Omaha, NE 68178 |
| Admissions Fax Number: | 402-280-2685 |
| Admissions E-mail Address: | admissions@creighton.edu |

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

<http://admissions.creighton.edu/apply>

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):

| | |
|-------------------------------------|---------------------|
| <input type="checkbox"/> | Public |
| <input checked="" type="checkbox"/> | Private (nonprofit) |
| <input type="checkbox"/> | Proprietary |

A3 Classify your undergraduate institution:

| | |
|-------------------------------------|-----------------------|
| <input checked="" type="checkbox"/> | Coeducational college |
| <input type="checkbox"/> | Men's college |
| <input type="checkbox"/> | Women's college |

A4 Academic year calendar:

| | |
|-------------------------------------|--------------------------------|
| <input checked="" type="checkbox"/> | Semester |
| <input type="checkbox"/> | Quarter |
| <input type="checkbox"/> | Trimester |
| <input type="checkbox"/> | 4-1-4 |
| <input type="checkbox"/> | Continuous |
| <input type="checkbox"/> | Differs by program (describe): |

If your academic year has changed because of the COVID-19 pandemic, please indicate as other below.

Other (describe):

A5 Degrees offered by your institution:

| | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | Certificate |
| <input type="checkbox"/> | Diploma |
| <input checked="" type="checkbox"/> | Associate |
| <input type="checkbox"/> | Transfer Associate |
| <input type="checkbox"/> | Terminal Associate |
| <input checked="" type="checkbox"/> | Bachelor's |
| <input checked="" type="checkbox"/> | Postbachelor's certificate |
| <input checked="" type="checkbox"/> | Master's |
| <input checked="" type="checkbox"/> | Post-master's certificate |
| <input checked="" type="checkbox"/> | Doctoral degree research/scholarship |
| <input checked="" type="checkbox"/> | Doctoral degree -- professional practice |
| <input type="checkbox"/> | Doctoral degree -- other |