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Overview

Institutional Characteristics Overview

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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.

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Part C - Student Services - Special Learning Opportunities

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

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<input checked="" type="checkbox"/>	Ô!^âäç- [! ä-^Á^ç] ^!ä^ } &^•
<input checked="" type="checkbox"/>	Çäçæ } &^âá] æ&^ { ^ } çÇÇÉÚDÁ&!^âäç•
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2. What types of special learning opportunities are offered by your institution? [Check all that apply]

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<input checked="" type="checkbox"/>	V^æ&@^!Á&^!çä-ä&æçä [] Áç- [!Áç@^Á^ { ^ } çæ!~ÉÁ { äâä ^Á•&@ [[Þb~ } ä [!Á@â* @ÉÁ [!Á•& [] äæ!~Á ^ç^ D
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<input type="checkbox"/>	P [] ^Á [-Áç@^Áæâ [ç^

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 years of completed college-level work are required for entrance?

<input type="checkbox"/>	Ü^ &ç!U } ^
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Part C - Student Services: Other Student Services

4. Which of the following selected student services are offered by your institution? [Check all that apply]

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5. Which of the following academic library resource or service does your institution provide? [Check all that apply]

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6. Indicate whether or not any of the following alternative tuition plans are offered by your institution.

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<input type="checkbox"/>		<input type="checkbox"/> Uc @ ^! ÄÇ •] ^ & ä - ~ Ä ä } Ä ä [ç Ä ä ^ [, D	

You may use the space below to provide context for the alternative tuition plans 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.

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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.

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W) ä^! *! æã ~ æc^! ^ç^	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ö!æã ~ æc^! ^ç^	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

<input checked="" type="radio"/>	Á
<input type="radio"/>	Á

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Part C - Student Services: Disability Services

9. Please indicate the percentage of all undergraduate students enrolled during Fall 2017 who were formally

Part D - Undergraduate Student Charges

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

	Amount	Prior year
<u>Undergraduate application fee</u>	Á €	50

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 2018-19.

DO NOT include room and board charges		
	In-state	Out-of-state
FÉÄ Chiropractic (D.C. or D.C.M.):		
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Á Ü^ ~ ~ ä! ^ ä Á. ^ ^ •	ÁÁ	ÁÁ
GÉÄ Dentistry (D.D.S. or D.M.D.):		
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Á Ü^ ~ ~ ä! ^ ä Á. ^ ^ •	ÁÁ	ÁÁ
HÉÄ Medicine (M.D.):		
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Á Ü^ ~ ~ ä! ^ ä Á. ^ ^ •	ÁÁ	ÁÁ
I ÉÄ Optometry (O.D.):		
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Á Ü^ ~ ~ ä! ^ ä Á. ^ ^ •	ÁÁ	ÁÁ
Í ÉÄ Osteopathic Medicine (D.O.):		
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Á Ü^ ~ ~ ä! ^ ä Á. ^ ^ •	ÁÁ	ÁÁ
Î ÉÄ Pharmacy (Pharm.D.):		
Á V ~ äcã [] } Áæ { [~] } c	ÁÁ	ÁÁ
Á Ü^ ~ ~ ä! ^ ä Á. ^ ^ •	ÁÁ	ÁÁ
Ï ÉÄ Podiatry (Pod.D., D.P., or D.P.M.):		
Á		

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Part D - Student Charges - Room and Board

10. What are the typical room and board charges for a student for the full academic year 2018-19?

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.

Ú [[{ } æ } á à [æ! á & @ æ! * ^ •	Amount	Prior year
Á Ü [[{ } Á & @ æ! * ^ Á Ç Ö [~ à ^ Á [& & ~] æ } & ^ D	Á Þ Ç E	8,026
Á Ó [æ! á & @ æ! * ^ Á Ç T æ ç ä { ~ { } Á] } æ } D	Á Þ Ç E	4,270
Ö [{ } à ä } ^ á Á! [[{ } Á æ } á à [æ! á & @ æ! * ^ Ç Ç E } • , ^! Á [] ^ Á ä - Á ^ [~ Á Ö Ç E Þ Þ U V Á • ^] æ! æ c ^ Á! [[{ } Á æ } á à [æ! á & @ æ! * ^ • È D	Á F G É G J Î	

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Prepared by

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This survey component was prepared by:

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

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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	ÁÁ @ []! •	ÁÁ @ []! •	ÁÁ @ []! •	ÁÁ @ []! •
Other offices	ÁÁ @ []! •	ÁÁ @ []! •	ÁÁ @ []! •	ÁÁ @ []! •

Summary

Institutional Characteristics Component Summary
Academic Year Reporters

IPEDS collects important information regarding your institution. All data reported in IPEDS survey components become available in the IPEDS Data Center and appear as aggregated data in various Department of Education reports. Additionally, some of the reported data appears

Institutional Characteristics

University of Akron Main Campus (200800)

Source	Description	Severity	Resolved	Options
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