



*Commission on Colleges  
Southern Association of Colleges and Schools  
1866 Southern Lane  
Decatur, Georgia 30033-4097*

**Deadline for submitting this Profile: January 20, 2006**

**INSTITUTIONAL PROFILE  
FOR GENERAL INFORMATION  
AND ENROLLMENT DATA  
FALL 2005**

**General Instructions**

Before **completing** the Fall 2005 Profile, please

- Carefully** read all directions
- Assign responsibility for the completion and accuracy of the form to the Accreditation Liaison.

Before **returning** the completed Fall 2005 Profile, please review the last page of this document to ensure that checklists are complete. Return one complete set (printed and bound copy, CD or disk copy) of current catalogs (undergraduate, graduate and professional) with your Profile (signed original). Thank you for your prompt attention.

Please direct questions to Mrs. Donna Barrett at [dbarrett@sacscoc.org](mailto:dbarrett@sacscoc.org) or (404) 679-4501, ext. 574.

## SECTION ONE: General Information

### Part I:

#### A. Institutional Information

1. Institution's Official Name	Southwestern Community College
2. Institution's Mailing Address <i>(Include street address, city, state, zip code. If institution has P O. Box number, also include street address used for express mail.)</i>	447 College Drive
	Sylva, NC 28779
3. Main Switchboard Telephone Number	(828) 586-4091
4. Institution's home Web Site Address <i>(Do not include http://)</i>	www.southwesterncc.edu
5. Institutional Governance or Control <i>(Private Not-For-Profit, Private For-Profit, or Public)</i>	Public
6. Institutional Religious Affiliation <i>(please provide complete name)</i>	None
7. Calendar System <i>(semester, quarter, or other unit)</i>	Semester
8. Name of Governance System <i>(if applicable)</i> <i>(If public, Include name of governing board system, <u>not</u> state coordinating board)</i>	North Carolina Community College System

**Part II:**

**A. Chief Executive Officer**

9. Name	Dr. Cecil L. Groves
10. Title	President
11. Institution	
12. Office Mailing Address <i>(street, city, state, zip code)</i>	447 College Drive
	Sylva, NC 28779
13. Telephone Number	(828) 586-4091 ext. 242
14. Fax Number	(828) 586-3129
15. E-Mail Address	cgroves@southwesterncc.edu

**B. Chair of the Governing Board**

16. Name	Conrad Burrell
17. Mailing Address <i>(street, city, state, zip code)</i>	PO Box 201
	Sylva, NC 28779
18. Fax Number	
19. Term of office as Chair <i>(Indicate ending date of term)</i>	06/2008

### C. Institution's Accreditation Liaison

The Commission asks each institution to appoint an Accreditation Liaison to serve as a contact person with the Commission, supervise the completion of institutional profiles, serve as a resource person for the institution's internal review process and work with follow up associated with that review, serve as a resource person for information on accreditation standards and policies, and work with the institution's commission staff to coordinate all visits. This person should be an employee of the institution and not a consultant hired to assist with the institution's review in accord with the *Principles for Accreditation*.

As Accreditation Liaison, this individual will be contacted by Commission staff if questions arise during the review of this document. Therefore, the Accreditation Liaison should be knowledgeable about the information used to complete this Profile and should attest to its accuracy by completing "Signatures of Verification" on the last page of this document.

20. Name of Accreditation Liaison	Delos Monteith _____
21. Title	Institutional Research & Planning Officer _____
22. Institution	_____
23. Office Mailing Address (Include street address, city, state, zip code) (If a P O Box number is the current mailing address, also include the street address used for express mail)	447 College Drive _____
	Sylva, NC 28779 _____
	_____
	_____
24. Telephone Number	(828) 586-4091 ext. 236 _____
25. Fax Number	(828) 586-3129 _____
26. E-Mail Address	delos@southwesterncc.edu _____

## SECTION TWO: Enrollment Information *(for FTE and Headcount)*

### A. Instructions for calculating FTE

Please report your institution's enrollment for the 2005 full term in the right-hand column. When tabulating the total, include all degree and non-degree students, wherever instruction occurs. This applies to students enrolled in course work delivered at the main campus, off-campus sites, branch campuses, and course work delivered electronically. For the purpose of Commission use, please use the following definitions for your computation of FTE and not your institution's definition.

**A full-time undergraduate student is one who is enrolled for 12 or more credit hours.**

**A full-time post-baccalaureate/graduate student is one who is enrolled for 9 or more credit hours.**

### For-Credit, Full-Time Undergraduate and Post-Baccalaureate Students

1. Total <u>number</u> of full-time undergraduate students (those taking 12 or more credit hours):	878 _____
2. Total <u>number</u> of full-time post-baccalaureate (master's or doctoral programs, or other for-credit programs) students (those taking 9 or more credit hours):	0 _____

### For-Credit, Part-Time Undergraduate and Post-Baccalaureate Students

3.a. Total <u>hours</u> of all undergraduate students carrying fewer than 12 credit hours (definition of part-time student): 6,317.3 _____(hours)	
b. Divide the total hours in 3a by 12, rounding to the nearest whole number:	526 _____
4.a. Total <u>hours</u> of all post-baccalaureate students (master's or doctoral programs, or other for-credit programs) carrying fewer than 9 credit hours (definition of part-time student): 0 _____(hours)	
b. Divide total hours in 4a by 9, rounding to the nearest whole number:	0 _____
<b>5. Total</b>	
Total of lines 1, 2, 3b, and 4b:	1,404 _____

**Non-Credit**

6. a. For <u>each</u> non-credit course offered in the 2005 fall term, multiply the total number of contact hours for the course (as determined by your institution) by the total number of students enrolled in the course. Add resulting figures for all non-credit courses (See example below).	116,393
b. Divide combined total in 6a by 168 if your institution is on a semester or trimester system (12 hours/week x 14 weeks), or by 120 if your institution is on a quarter system (12 hours/week x 10 weeks). Round the quotient to the nearest whole number	693

**Total**

7. Total of lines 5 and 6b:	2,097
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**Example for calculating 6a above:**

An institution has five non-credit courses. Course one has 17 students and 20 course contact hours; course two has 11 students and 15 contact hours; course three has 10 students and 15 contact hours; course four has 16 students and 5 contact hours; and course five has 14 students and 10 contact hours.

Calculation for Part 6a	Students	Contact Hours	=	
Course one:	17	x 20	=	340
Course two:	11	x 15	=	165
Course three:	10	x 15	=	150
Course four:	16	x 5	=	80
Course five:	14	x 10	=	<u>140</u>
Calculation Total for Part 6a. =			=	875

**B. Instructions for calculating Enrollment Headcount**

Using your institution's definition, please report in the right hand column your enrollment headcount for the **2005 fall term**. When tabulating the total, **include all degree and non-degree students, wherever instruction occurs**. This applies to students enrolled in course work delivered at the main campus, off-campus sites, branch campuses, and course work delivered electronically.

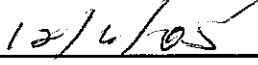
Number of students taking courses for credit:

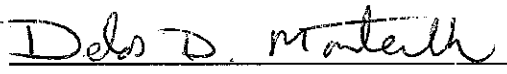
1. Total number of students enrolled as Full-Time Undergraduate Students	878
2. Total number of students enrolled as Full-Time Post-Baccalaureate Students	0
3. For-Credit, Part-Time Undergraduate Students	1,066
4 For-Credit, Part-Time Post-Baccalaureate Students	0
5. Total number of students enrolled for credit courses (Total of lines 1-4)	1,944
All Students enrolled in <u>non-credit</u> courses (total number enrolled in all non-credit courses)	2,689


**SIGNATURES OF VERIFICATION:**

We certify that the information provided in this Profile is correct.

  
\_\_\_\_\_  
Signature of Chief Executive Officer

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature of Accreditation Liaison

  
\_\_\_\_\_  
Date

**COMPLETION CHECKLIST :**

- Are all sections of this Profile complete?
- Have the Accreditation Liaison and Chief Executive Officer provided signatures for verification?

**RETURN CHECKLIST:**

- The original signed copy of this Profile. (Retain a copy for your records)
- One (1) complete set of current catalogs (undergraduate, graduate and professional). (printed and bound, CD or disk copy)

Return this completed Profile and all required materials to:

**Commission on Colleges  
ATTN: Institutional Profiles  
Southern Association of Colleges and Schools  
1866 Southern Lane  
Decatur, Georgia 30033-4097**

**DUE: January 20, 2006**