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Fall Enrollment 1970-71

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DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE OFFICE FOR CIVIL RIGHTS WASHINGTON, D.C. 20201

COMPLIANCE REPORT OF INSTITUTIONS OF HIGHER EDUCATION Under Title VI of the Civil Rights Act of 1964 (FALL, 1970)

PART I - REPORT IDENTIFICATION)		
1. NAME AND ADDRESS OF INSTITUTIONAL COMPONENT COVERED IN THIS REPORT	LEVELS	OF OFF	ERING (Ch	eck all that	apply)	
University of Nebraska at Omaha	At least	two but les	s than four y	ears work be	yond grade 12	X
P. O. Box 688 Downtown Station Omaha, Nebraska	Four or fi	ive year ba	rccalaureate	degree grantii	ng program	X
Cilliant, Itopiapha	First pro	essional I	evel			
2. NAME AND ADDRESS OF PARENT INSTITUTION IF DIFFERENT FROM ABOV	/E Master's	and/or wor	k beyond the	first profess	ional degree	$\overline{\mathbf{x}}$
	Work beyo	and the ma	ster's level l	out not at doc	tor's level	×
	Doctor of	philosoph	y or equivale	nt degree	ni -	
	Others (S	pecify)				
INSTITUTIONAL CONTROL (Check most appropriate box)						
PUBLIC PRIVATE	3. FICE C	ODE NUM	BER			
PART II – STUDENT ENROLLMENT DATA (FALL TERM)						
ANSWER ALL QUESTIONS. IF THERE ARE NO PERSONS IN THE INDICATED GROUP, ENTER ZERO (O) IN THE SPACE PROVIDED	AMERICAN INDIAN	NEGRO	ORIENTAL	SPANISH SURNAMED AMERICAN	ALL OTHER STUDENTS	TOTAL ALL STUDENTS
UNDERGRADUATE 1. FIRST YEAR FULL-TIME STUDENTS	5	59/	8	25	1878	1975
2. SECOND YEAR FULL-TIME STUDENTS	2	38	6	6	1233	1286
3. THIRD YEAR FULL-TIME STUDENTS	2	21	3	4	906	936
4. FOURTH & SUBSEQUENT YEAR FULL-TIME STUDENTS	1	79	3	2	$\frac{300}{1284}$	1299
5. TOTAL NUMBER FULL-TIME UNDERGRADUATE STUDENTS	10	248 128	20	37	5301	5496
GRADUATE OR PROFESSIONAL 6. FIRST YEAR FULL-TIME STUDENTS	1	4		2	70	77
7. SECOND & SUBSEQUENT YEAR FULL-TIME STUDENTS		2	1		36	39
B. TOTAL NUMBER FULL-TIME GRADUATE OR PROFESSIONAL STUDENTS	1	6	1	2	106	116

CERTIFICATION

I CERTIFY that the information given above is true and correct to the best of my knowledge and belief. (A willfully false statement is punishable by law, U.S. Code, Title 18, Sec. 1001.)

NAME OF PERSON FURNISHING INFORMATION	TITLE		PHONE NO.
Robert C. O'Reilly	Director Institutional Re	esearch	553-4700 Ext. 3
DATE AREA CODE EXT.			
OS-34			

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DEPARTMENT OF HEALTH, EDUCATION AND WELFARE			Please he	e retus	2 5 -	2. H.
		THIS	THIS IS YOUR FILE COPY.	E COPY.	Budget Bure Approval E	Budget Bureau No. 51-R0563 Approval Expires: 6/30/71
NAME OF INSTITUTION		DETACH /	DETACH AND WAIL DIHER HALF.	HER HALF.	INSTITUTIO	ON STATE NUMBER
Conversity of Februshes at Omalia		P.O. Box	P.O. Box 688 DOW	(ZIP code)	own Sta	tion
CHECK HERE IF NO institution) NAME OF PARENT INSTITUTION (II branch of another	er	ADDRESS (C	ADDRESS (City, State and ZIP code)	ZIP code)	XIDI	
×						
Vingil V. Dharps & Regards			AREA	AREA CODE - LOCAL		NUMBER - EXTENSION
(for Option of David Research)			402	2 553	-4700	-4700 Ext. 314-5
	ר \ ק	MEN	Z	WOME	AFIN	
-	_	FULL-TIME	PART-TIME (2)	FULL-TIME	PART-TIME	ART-TIME $(Cols. 1+2+3+4)$
ALL RESIDENT AND EXTENSION STUDENTS (Include students					(4)	(3)
taking work normally creditable toward a bachelor's or higher degree AND students in organized occupational programs of less than four years NOT chiefly creditable toward bachelor's degree.)	-	4,811	3,813	2,148	2,413	13,185
FIRST-TIME RESIDENT AND EXTENSION STUDENTS (Students included in Line I above who are entering an institution of higher education for the first time in Fall 1970, and have not previously attended any other institution of higher education. Exclude transfers		1,169	433	726	542	2.870
OF EOD 2200 0 2	L					

OE FORM 2300-2.3, 3/70

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

Report Date 11/20/10

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE OFFICE OF EDUCATION WASHINGTON, D.C. 20202

HIGHER EDUCATION GENERAL INFORMATION SURVEY

OPENING FALL ENROLLMENT (Higher Education)
1970 SUPPLEMENTARY INFORMATION

BUDGET BUREAU NO. 51-R0738 APPROVAL EXPIRES: 6/30/72

DUE DATE

November 15, 1970

INSTITUTION CODE NUMBER

NAME OF INSTITUTION

Linguistic of Meliaska at Omelia Robert (City, State, ZIP code)

P.O. Box 688 Downtown States Omelia Ne 6810

CHECK HERE IF NO NAME OF PARENT INSTITUTION (II brench of another institution)

NAME AND TITLE OF RESPONDENT

Viral V. Should Registrate

ADDRESS (City, State, ZIP code)

NOTE: Data acquired in this survey will be published in listings by individual institutions.

If you need additional clarification on any item, please call Mr. George H. Wade, (202) 962-7301, in Washington, D. C.

If exact counts are lacking for a group that should be reported, please include an estimate for that group.

Please fill out a separate form for the main campus and for each branch or other campus. Do not fill out separate forms for EXTENSION CENTERS. Extension students should be reported on the form for the main campus.

PLEASE COMPLETE THIS FORM (including reverse) as soon as detailed enrollment breakdowns are available, but no later than November 15, 1970.

Do not include in this report:

(a) Students in noncredit adult education courses.

(b) Students taking courses at home by mail, radio, or television.

(c) Students enrolled only for "short courses."

(d) Auditors.

(e) Students studying abroad.

(f) Students in any branch campus or extension center in a foreign country.

If totals on Line 18 of this form differ greatly (i.e., by more than 5 percent) from those on Line 1 of OE Form 2300-2.3, 3/70, please explain.

One additional category of information is being requested this year that was not included on last year's form: the full-time equivalent enrollment (column 6) for each headcount total in column 5.

Please enter in column 6, on the appropriate line, the full-time equivalent which you may have already calculated for any of the corresponding headcount totals in column 5.

If you have not previously calculated full-time equivalent enrollment, the following method is suggested:

ADJUSTED HEADCOUNT METHOD - Full-time equivalent enrollment equals the headcount of full-time students plus one-third the headcount of part-time students.

You may use the above method or any other method of calculating full-time equivalent enrollment most appropriate and/or convenient to your institution. If you do not calculate full-time equivalent enrollment figures, the U.S. Office of Education will make the calculations, using the "Adjusted Headcount Method."