

A. General Information

A0. Respondent Information (not for publication)

First Name:	
Last Name:	
Title:	Assistant Director
Office:	Office of Institutional Research
Address:	P.O. Box 8795
City:	Williamsburg
State:	Virginia
Zip:	23187-08795
Country:	
Phone Number:	757-221-2147
Extension:	
Email Address:	ir@wm.edu

Are your responses to the CDS posted for reference on your institution's website? *(click to select from dropdown)*

Yes

If yes, please provide a direct link to the posted CDS responses:

https://www.wm.edu/offices/it/services/ir/university_data/cds/

A0A. Comments About CDS (not for publication)

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 This information will not be published but will help the publishers further refine CDS items.

Enter comments
about CDS here:

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A1. Address Information

Please enter general institution information below:

Name of College or University

Street Address:

City:

State:

Zip:

Country:

Main Institution Phone Number:

Main Institution Website:

Main Institution Email:

William & Mary
P.O. Box 8795
Williamsburg
Virginia
23187-8795
(757) 221-4000
https://www.wm.edu/

Please enter Admissions Office information below:

Street Address:

City:

State:

Zip:

Country:

Admissions Phone Number:

Admissions Toll-free Number:

Admissions Website:

Admissions Email Address:

116 Jamestown Road
Williamsburg
Virginia
23187-8795
(757) 221-4223
https://www.wm.edu/admission/undergraduateadmission/
admission@wm.edu

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

<https://www.wm.edu/admission/undergraduateadmission/how-to-apply/>

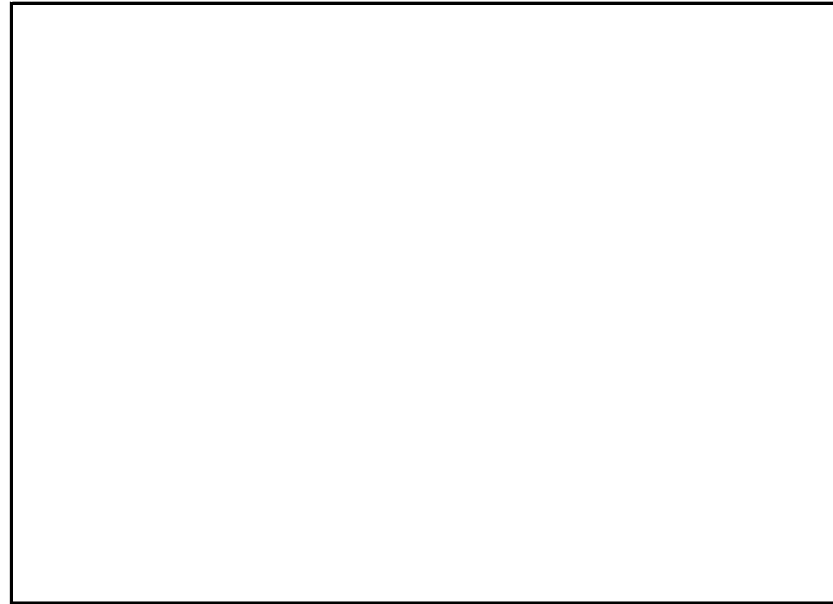
If you have a mailing address other than the one listed above to which applications should be sent, please provide:

A2. Source of Institutional Control: *(click to select from dropdown)*

A3. Classify your undergraduate institution: *(click to select from dropdown)*

A4. Academic year calendar: *(click to select from dropdown)*

A4A. Describe if calendar differs by program or other:



A5. Degrees offered by your institution (*select all that apply*).

Certificate

Diploma

Associate

Terminal

Transfer

Master's

Post-Master's certificate

Doctoral degree - research/scholarship

Doctoral degree - professional practice

Doctoral degree - other

Bachelor's

Post-Bachelor's certificate

A6. Diversity, Equity, and Inclusion

If you have a diversity, equity, and inclusion office or department, please provide the URL of the corresponding Web page:

<https://www.wm.edu/offices/diversity/>

END OF SECTION A