

Equity in Athletics 2016

Institution Information

Institution: Kishwaukee College (146418)

User ID: E1464181

Registration

•Required fields are indicated with asterisks (*).

Kishwaukee College (146418)	
First Name*	<input type="text" value="Sedgwick"/>
Last Name*	<input type="text" value="Harris"/>
Title*	<input type="text" value="Vice President of Student Services"/>
Address 1*	<input type="text" value="21193 Malta Rd."/>
Address 2	<input type="text"/>
City*	<input type="text" value="Malta"/>
State*	<input type="text" value="IL"/>
Zip*	<input type="text" value="60150"/> - <input type="text"/>
Phone*	<input type="text" value="815"/> - <input type="text" value="825"/> - <input type="text" value="9837"/>
Extension	<input type="text"/>
Fax	<input type="text" value="815"/> - <input type="text" value="825"/> - <input type="text" value="9020"/>
E-mail Address*	<input type="text" value="sedgwick.harris@kishwaukeecolle"/>
Confirm E-mail Address*	<input type="text"/>
Comment	<p>* Please use this box if you would like to provide additional contact information such as a cell phone number or the best time to reach you if there are questions about your survey. Also, if the person listed above is not the person who enters the data, please provide the name and contact information for the person who enters the data. This information is for the survey help desk staff only. It will not be seen by the public.</p> <input type="text"/>

Identification

***Please enter/review all applicable information. Required fields are indicated with asterisks (*).**

General Information	
Institution Name	Kishwaukee College
Address 1*	21193 Malta Rd
Address 2	
City*	Malta
State*	IL
ZIP Code*	60150 - 9699
Telephone*	815 - 825 - 2086 Ext. <input type="text"/>

Athletic Department	
Athletic Director Name*	Sedgwick Harris
Address 1*	21193 MALTA RD.
Address 2	
City*	MALTA
State*	IL
ZIP Code*	60150 - 9699
Telephone*	815 - 825 - 9837 Ext. <input type="text"/>

Chief Administrative Officer	
Chief Administrative Officer's Name*	Dr. Laurie Borowicz
Title*	President
Telephone*	815 - 825 - 2086 Ext. 2010
Fax	815 - 825 - 9020
E-mail Address*	laurie.borowicz@kishwaukeecollege.edu

EADA General

Designated Reporting Year*
Note: The reporting period must be 12 months. The dates for the reporting year should be consistent from year to year.

Begins: (MM/DD) /2015 **Ends:** (MM/DD) /2016

Number of full-time undergraduates by gender: The numbers below were reported on your institution's 2014-15 IPEDS Survey and should not be changed unless they were reported incorrectly to IPEDS. If the numbers are incorrect, please call the EADA Help Desk to correct them.

	Number	Percent
Male full-time undergraduates	771	45 %
Female full-time undergraduates	928	55 %
Total full-time undergraduates	1699	100 %

Athletic Sanctioning Body for the designated reporting year (select one):*

- NCAA Division I-FBS
- NCAA Division I-FCS
- NCAA Division I without football
- NCAA Division II with football
- NCAA Division II without football
- NCAA Division III with football
- NCAA Division III without football
- CCCAA
- Independent
- Other
- NAIA Division I
- NAIA Division II
- NJCAA Division I
- NJCAA Division II
- NJCAA Division III
- NCCAA Division I
- NCCAA Division II
- NWAC
- USCAA

Other Description:

Update Status

Date Completed 10/15/2016
Update Status Updated