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Institution: University of Missouri-St Louis (178420)

User ID: 29C0011

Part A - Mission Statement

1. Provide the institution's mission statement or a web address (URL) where the mission statement can be found. Typed stat ements are limited to 2,000 characters or less. The mission statement will be available to the public on College Navigator.					
	Mission Statement URL:	https://	www.umsl.edu/~ir/fact%20book/mission_statement.html		
	Mission Statement:				

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Part B - Services and Programs for Servicemembers and Veterans

1. Which of the following are av	ailable to veterans	, military servicemembers, or their far	milies?

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Part C - Student Services - Special Learning Opportunities

1. D	oes your insti	tution accept any of	the following? [Check all tha	t apply]	
	<u>Dual o</u>	credit (college credit earne	ed while in high school)		
	Credit				
	Advar				
	None	of the above			
2. W		special learning opportuni	ties are offered by y	our institution? [Check all that	
	ROTO	;			
		Army	Navy	Air Force	
	Study	abroad	<u>'</u>		
	Week	end/evening college			
	<u>Teach</u>	ner certification (for the ele	ementary, middle school/junior h	nigh, or secondary level)	
	Do no	ot include certifications to	teach at the postsecondary leve	el.	
		Students can complete	their preparation in certain area	s of specialization	
		Students must complete	e their preparation at another in	stitution for certain areas of specialization	
		This institution is appro-	ved by the state for the initial ce	rtification or licensure of teachers	
	None	of the above			
	-	on grants a bachelor dergraduate level, how m	's degree or higher but does	not offer a full 4-year program 8(d/).7 -18.72 l372 l3a778 0 l h 0at appqui?	C(ce)ent2 Tce?015 Tc .0
	,	g	g.: ===(:,,=(=:,,=:	-(w/)	

Institution: University of Missouri-St Louis (178420) User ID: 29C0011 Part C - Student Services: Other Student Services are offered by your institution? [Check all 4. Which of the following selected student services that apply] Remedial services Academic/career counseling services

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Part C - Student Services - Distance Education

7. Please indicate at what level(s) your inst itution does or does not offer distance education courses and/or distance education programs. Check all that apply.

	<u>Distance education</u> <u>courses</u>	<u>Distance education</u> <u>programs</u>	Does not offer Distance Education
Undergraduate level			
Graduate level			
	ns at your institut ion	offered exclusively via distanc <u>e</u>	e education
8. Are all the program programs?	ns at your institut ion	offered exclusively via distanc <u>e</u>	e education

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Part C - Student Services: Disability Services

9. Please indicate the percentage of all undergraduate students enrolled during Fall 2018 who were formally registered as students with disabilities with the institut ion's office of disability services (or the equivalent office).

3 percent or less

More than 3 percent:

6 %

Institution: University of Missouri-St Louis (178420) Part D - Student Charges Questions	User ID: 29C0011

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Part D - Undergraduate Student Charges

If the institution charges an appli <u>cation fee, in</u>dicate the amount. Amount Prior year 35 Undergraduate application fee 35 5. Charges to full-time undergraduate student s for the full academic year 2019-20 Please be sure to report an average tuition that includes all students at all levels (freshman, sophomore, etc.). In-district Prior year I<u>n-state</u> Prior year Out-of-state Prior year All full-time undergraduate students Average tuition 11,079 10,491 11,079 10,491 29,295 27,900 0 Required fees 0 0 0 0 0 6. Per credit hour charge for part-time undergraduate students Please be sure to report an average per credit tuition that includes all students at all levels (freshman, sophomore, etc.). In-district Prior year Prior year Out-of-state Prior year In-state Per credit hour charge 369 369 350 350 977 930 Institution: University of Missouri-St Louis (178420)

Part D - Graduate Student Charges

If the institution charges an ap	opli <u>cat</u>	tion fee, indicat	e the amount.			
				Amount	Prio	r year
Graduate application fee					50	50
Please do not i		or Doctor's De ose programs a			programs.	
7. Charges to full-time gradua	te students	for the f	ull aca <u>demic y</u>	<u>ear 2019-</u> 20		
	In-district	Prior year	I <u>n-state</u>	Prior year	Out-of-state	Prior year
Average tuition						
	'	'		'	<u>'</u>	<u>'</u>

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Part D - Student Charges - Graduate,

Doctor's-Professional Practice Tuition

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	pical tuition and required fees fo r a full-time		actice student_
in any of the	e selected programs for the full academic <u>year 2019-20.</u>		
DO NOT in	clude room and board charges		
	gree-professional practice	In-state	Out-of-state
	ctic (D.C. or D.C.M.):	III otato	out or otate
	Tuition amount		
	Required fees		
2. Dentistry	(D.D.S. or D.M.D.):		
	Tuition amount		
	Required fees		
3. Medicine	(M.D.):		
	Tuition amount		
	Required fees		
4. Optometi	y (O.D.):		
	Tuition amount	24,400	40,787
	Required fees	0	0
5. Osteopat	hic Medicine (D.O.):		
	Tuition amount		
	Required fees RequC.M.):data) 0 -12.72	2 -128 -157 0 <mark>-128 5 W</mark>	V n 1 g 2029999 57 0 1S 5
6. Pharmac	y (Pharm.D.):		
	<u>Tuition amount</u>		
	Required fees		
7. Podiatry	(Pod.D., D.P., or D.P.M.):		
	<u>Tuition amount</u>		
	Required fees		
8. Veterinar	y Medicine (D.V.M.):		
	Tuition amount		
	Required fees		
9. Law (J.D	.):		
	Tuition amount		

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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 2019-20?

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.

Room and board charges	Amount	Prior year
Room charge (Double occupancy)	5,450	5,340
Board charge (Maximum plan)	4,100	4,023
Combined room and board charge		

D - Student On	arges - Price o	St Louis (1 of Attendar		User ID: 29C00

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In	Institution: University of Missouri-St Louis (178420) User ID: 29C0011							
Ρ	repared by	<i>'</i>						
	The name of the preparer is being collected so that we can follow up with the appropriate person in the event that there are questions concerning the data. The Keyholder will be copied on all email correspondence to other preparers.							
re qu	porting burden	to prepare this compon associated with IPEDS h data sources, comple	S. Please include	in your esti	mate the time it	took fo	r you to review in:	structions,
Tł	nank you for yo	our assistance.						
Tł	nis survey cor	mponent was prepare	d by:					
		Keyholder		SFA Cont	act		HR Contact	
		Finance Contact		Academic Contact	Library		Other	
	Name:	Randy Sade						
	Email:	SadeR@umsystem.e	edu					
	ow many staff urvey compon	f from your institution ent?	only were involved	ved in the	data collectior	and re	eporting process	of this
	11.00	Number of Staff (inclu	ding yourself)					
		rs did you and others his survey componer		ution only	spend on each	n of the	steps below who	en
E.	xclude the hou	rs spent collecting data	for state and other	er reporting	purposes.			
	Staff member	Collecting Data Needed Revising Data to Match IPEDS Requirements Revising Data Entering Data Revising and Locking Data					ocking.	
	Your office							

Summary

Institutional Characteristics Component Summary Academic Year Reporters

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Institutional Characteristics		