

A. General Information

A0. Respondent Information (not for publication)

First Name:	Jesse
Last Name:	Barba
Title:	Director of Institutional Research
Office:	Office of Institutional Research Office
Address:	P.O. Box 5000 Amherst College
City:	Amherst
State:	Massachusetts
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Country:	United States
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Extension:	
Email Address:	jbarba@amherst.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.amherst.edu/offices/ir>

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 Comments About CDS (not for publication)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 This information will not be published but will help the publishers further refine CDS items.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	Amherst College
Street Address:	220 South Pleasant Street
City:	Amherst
State:	Massachusetts
Zip:	01002-5000
Country:	United States
Main Institution Phone Number:	(413) 542-2000
Main Institution Website:	https://www.amherst.edu/
Main Institution Email:	admission@amherst.edu

Please enter Admissions Office information below:

Street Address:	220 South Pleasant Street
City:	Amherst
State:	Massachusetts
Zip:	01002-5000
Country:	United States
Admissions Phone Number:	413-542-2328
Admissions Toll-free Number:	
Admissions Website:	
Admissions Email Address:	admission@amherst.edu

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

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)*

Coeducational

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

Semester

A4A. Describe if calendar differs by program or other:

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

- | | |
|--|--|
| <input type="checkbox"/> Certificate | <input type="checkbox"/> Master's |
| <input type="checkbox"/> Diploma | <input type="checkbox"/> Post-Master's certificate |
| <input type="checkbox"/> Associate | <input type="checkbox"/> Doctoral degree - research/scholarship |
| <input type="checkbox"/> Terminal | <input type="checkbox"/> Doctoral degree - professional practice |
| <input type="checkbox"/> Transfer | <input type="checkbox"/> Doctoral degree - other |
| <input checked="" type="checkbox"/> Bachelor's | |
| <input type="checkbox"/> 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.amherst.edu/about/diversity/office-of-diversity-equity-inclusion>

END OF SECTION A