

A1. Address Information

| | | | |
|-------------------------------|--|--|--|
| Name of College/University | <input type="text" value="Creighton University"/> | | |
| Street Address | <input type="text" value="2500 California Plaza"/> | | |
| | <input type="text"/> | | |
| | <input type="text"/> | | |
| City | <input type="text" value="Omaha"/> | | |
| State | <input type="text" value="Nebraska"/> | | |
| Zip | <input type="text" value="68178"/> | | |
| Country | <input type="text" value="US"/> | | |
| Main Institution Phone Number | <input type="text" value="402"/> <small>Area Code</small> | <input type="text" value="280-2700"/> <small>Phone Number</small> | <input type="text"/> <small>Extension</small> |
| Main Institution Website | <input type="text" value="https://www.creighton.edu"/> | | |
| Main Institution E-mail | <input type="text"/> | | |

Please enter Admissions Office information below:

| | | | |
|-----------------------------------|--|--|--|
| Street Address (if different) | <input type="text" value="Mike and Josie Harper Center"/> | | |
| | <input type="text" value="Suite 1035"/> | | |
| | <input type="text" value="602 N. 20th St."/> | | |
| City | <input type="text" value="Omaha"/> | | |
| State | <input type="text" value="Nebraska"/> | | |
| Zip | <input type="text" value="68178"/> | | |
| Country | <input type="text" value="US"/> | | |
| Admissions Phone Number | <input type="text" value="402"/> <small>Area Code</small> | <input type="text" value="280-2703"/> <small>Phone Number</small> | <input type="text"/> <small>Extension</small> |
| Admissions Toll-Free Phone Number | <input type="text" value="800"/> <small>Area Code</small> | <input type="text" value="282-5835"/> <small>Phone Number</small> | <input type="text"/> <small>Extension</small> |
| Admissions E-mail Address | <input type="text" value="admissions@creighton.edu"/> | | |

If there is a separate URL for your school's online application, 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 (select one only)

- Public
- Private (nonprofit) N/A
- Proprietary

A3. Classify your undergraduate institution

- Coeducational college
- Men's college N/A
- Women's college

A4. Academic year calendar

- Semester Continuous
- Quarter Differs by program (describe):
- Trimester
- 4-1-4 Other (describe):

A5. Degrees offered by your institution

- | | |
|---|--|
| <input checked="" type="checkbox"/> Certificate | <input checked="" type="checkbox"/> Post-bachelor's certificate |
| <input type="checkbox"/> Diploma | <input checked="" type="checkbox"/> Master's |
| <input checked="" type="checkbox"/> Associate | <input checked="" type="checkbox"/> Post-master's certificate |
| <input type="checkbox"/> Transfer Associate | <input checked="" type="checkbox"/> Doctoral degree research/scholarship |
| <input type="checkbox"/> Terminal Associate | <input checked="" type="checkbox"/> Doctoral degree -- professional practice |
| <input checked="" type="checkbox"/> Bachelor's | <input type="checkbox"/> Doctoral degree -- other |

A6. Campus Belonging Webpage

If your institution has an office or department dedicated to fostering a welcoming and supportive campus climate for individuals from all backgrounds, please provide the URL of the corresponding Web page: