

Equity in Athletics 2018

Institution Information

Institution: University of Puget Sound (236328)

User ID: E2363281

Registration

•Required fields are indicated with asterisks (*).

University of Puget Sound (236328)	
First Name*	<input type="text" value="Amy"/>
Last Name*	<input type="text" value="Hackett"/>
Title*	<input type="text" value="Director of Athletics"/>
Address 1*	<input type="text" value="1500 N. Warner St. #0144"/>
Address 2	<input type="text"/>
City*	<input type="text" value="Tacoma"/>
State*	<input type="text" value="WA"/>
Zip*	<input type="text" value="98416"/> - <input type="text"/>
Phone*	<input type="text" value="253"/> - <input type="text" value="879"/> - <input type="text" value="3426"/>
Extension	<input type="text"/>
Fax	<input type="text" value="253"/> - <input type="text" value="879"/> - <input type="text" value="3634"/>
E-mail Address*	<input type="text" value="ahackett@pugetsound.edu"/>
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	University of Puget Sound
Address 1 *	1500 N. Warner Street
Address 2	
City *	Tacoma
State *	WA
ZIP Code *	98416 - <input type="text"/>
Telephone *	253 - 879 - 3100 Ext. <input type="text"/>

Athletic Department	
Athletic Director Name *	Amy Hackett
Address 1 *	1500 N WARNER
Address 2	
City *	TACOMA
State *	WA
ZIP Code *	98416 - <input type="text"/>
Telephone *	253 - 879 - 3140 Ext. <input type="text"/>

Chief Administrative Officer	
Chief Administrative Officer's Name *	Isiaah Crawford
Title *	President
Telephone *	253 - 879 - 3211 Ext. <input type="text"/>
Fax	<input type="text"/> - <input type="text"/> - <input type="text"/>
E-mail Address *	president@pugetsound.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) /2017 **Ends:** (MM/DD) /2018

Number of full-time undergraduates by gender: The numbers below were reported on your institution's 2017-18 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	951	40 %
Female full-time undergraduates	1439	60 %
Total full-time undergraduates	2390	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 9/18/2018
Update Status Updated