

Equity in Athletics 2017

Institution Information

Registration

Institution: College of Alameda (108667)

User ID: E1086671

•Required fields are indicated with asterisks (*).

College of Alameda (108667)	
First Name*	<input type="text" value="Myron"/>
Last Name*	<input type="text" value="Jordan"/>
Title*	<input type="text" value="Interim Vice President of Instruction"/>
Address 1*	<input type="text" value="College of Alameda"/>
Address 2	<input type="text" value="555 Atlantic Ave."/>
City*	<input type="text" value="Alameda"/>
State*	<input type="text" value="CA"/>
Zip*	<input type="text" value="94501"/> - <input type="text" value=""/>
Phone*	<input type="text" value="510"/> - <input type="text" value="748"/> - <input type="text" value="2373"/>
Extension	<input type="text" value=""/>
Fax	<input type="text" value="510"/> - <input type="text" value="769"/> - <input type="text" value="6019"/>
E-mail Address*	<input type="text" value="myronjordan@peralta.edu"/>
Confirm E-mail Address*	<input type="text" value=""/>
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	College of Alameda
Address 1*	555 Ralph Appezzato Memorial Pky
Address 2	
City*	Alameda
State*	CA
ZIP Code*	94501 - <input type="text"/>
Telephone*	510 - 748 - 2373 Ext. <input type="text"/>

Athletic Department

Athletic Director Name*	Bruce Furuya
Address 1*	555 Ralph Appezzato Memorial Way
Address 2	
City*	ALAMEDA
State*	CA
ZIP Code*	94501 - <input type="text"/>
Telephone*	510 - 748 - 2373 Ext. <input type="text"/>

Chief Administrative Officer

Chief Administrative Officer's Name*	Dr. Tim Karas
Title*	President
Telephone*	510 - 748 - 2273 Ext. <input type="text"/>
Fax	<input type="text"/> - <input type="text"/> - <input type="text"/>
E-mail Address*	tkaras@peralta.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) /2016 **Ends:** (MM/DD) /2017

Number of full-time undergraduates by gender: The numbers below were reported on your institution's 2016-17 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	443	50 %
Female full-time undergraduates	441	50 %
Total full-time undergraduates	884	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 9/21/2017
Update Status Updated