



**Cohort 3 Campus Application**

Please complete the information below for *\*each postsecondary institution\** that would be involved in DWD.

<b>INSTITUTION</b>	
INSTITUTION NAME	
MAILING ADDRESS (Street, City, State, and Zip)	
<b>CAMPUS LEAD</b>	
NAME (First name, Last name)	POSITION/TITLE
PHONE	EMAIL
<b>INSTITUTIONAL RESEARCH CONTACT</b>	
NAME (First name, Last name)	POSITION/TITLE
PHONE	EMAIL
<b>CAMPUS REGISTRAR</b>	
NAME (First name, Last name)	POSITION/TITLE
PHONE	EMAIL
<b>What student information system(s) does your institution use?</b>	
<b>What technology platform does your institution use to exchange transcripts and audit degrees?</b>	
<b>Are degree reclamation efforts currently underway at your institution?</b>	
<b>How do degree reclamation efforts align with your institution's priorities?</b>	
<b>How do degree reclamation efforts align with your institution's policies or practices to close equity gaps in postsecondary attainment (e.g., for students of color, low-income students, military and veteran students, justice impacted students, etc.)?</b>	