

# Equity in Athletics 2017

## Institution Information

### Registration

Institution: Centralia College (234845)

User ID: E2348451

•Required fields are indicated with asterisks (\*).

Centralia College (234845)	
First Name*	<input type="text" value="Bob"/>
Last Name*	<input type="text" value="Peters"/>
Title*	<input type="text" value="Athletic Director"/>
Address 1*	<input type="text" value="600 Centralia College Blvd."/>
Address 2	<input type="text"/>
City*	<input type="text" value="Centralia"/>
State*	<input type="text" value="WA"/>
Zip*	<input type="text" value="98531"/> - <input type="text" value="4099"/>
Phone*	<input type="text" value="360"/> - <input type="text" value="623"/> - <input type="text" value="8574"/>
Extension	<input type="text" value="8574"/>
Fax	<input type="text" value="360"/> - <input type="text" value="330"/> - <input type="text" value="7120"/>
E-mail Address*	<input type="text" value="bob.peters@centralia.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	Centralia College
Address 1*	600 Centralia College Blvd.
Address 2	
City*	Centralia
State*	WA
ZIP Code*	98531 - <input type="text"/>
Telephone*	360 - 736 - 9391 Ext. 8574

## Athletic Department

Athletic Director Name*	Bob Peters
Address 1*	600 Centralia College Blvd
Address 2	
City*	Centralia
State*	WA
ZIP Code*	98531 - <input type="text"/>
Telephone*	360 - 623 - 8574 Ext. <input type="text"/>

## Chief Administrative Officer

Chief Administrative Officer's Name*	Dr. Robert Mohrbacher
Title*	President
Telephone*	360 - 623 - 8552 Ext. <input type="text"/>
Fax	360 - 330 - 7120
E-mail Address*	robert.morbacher@centralia.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
<b>Male full-time undergraduates</b>	<b>645</b>	<b>46 %</b>
<b>Female full-time undergraduates</b>	<b>750</b>	<b>54 %</b>
<b>Total full-time undergraduates</b>	<b>1395</b>	<b>100 %</b>

**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** 9/14/2017  
**Update Status** Updated