

# Equity in Athletics 2019

## Institution Information

Institution: Coastal Bend College (223320)

User ID: E2233201

## Registration

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

Coastal Bend College (223320)	
First Name*	<input type="text" value="Donald"/>
Last Name*	<input type="text" value="Randle"/>
Title*	<input type="text" value="Database Administrator/Head Programmer"/>
Address 1*	<input type="text" value="3800 Charco Road"/>
Address 2	<input type="text"/>
City*	<input type="text" value="Beeville"/>
State*	<input type="text" value="TX"/>
Zip*	<input type="text" value="78102"/> - <input type="text"/>
Phone*	<input type="text" value="361"/> - <input type="text" value="354"/> - <input type="text" value="2447"/>
Extension	<input type="text"/>
Fax	<input type="text" value="361"/> - <input type="text" value="354"/> - <input type="text" value="2229"/>
E-mail Address*	<input type="text" value="drandle@coastalbend.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	Coastal Bend College
Address 1*	3800 Charco Rd
Address 2	
City*	Beeville
State*	TX
ZIP Code*	78102 - <input type="text"/>
Telephone*	361 - 354 - 2200 Ext. <input type="text"/>

## Athletic Department

Athletic Director Name*	Paul Cantrell
Address 1*	3800 Charco Road
Address 2	
City*	Beeville
State*	TX
ZIP Code*	78102 - <input type="text"/>
Telephone*	361 - 354 - 2721 Ext. <input type="text"/>

## Chief Administrative Officer

Chief Administrative Officer's Name*	Dr. Carry DeAtley
Title*	President
Telephone*	361 - 354 - 2245 Ext. <input type="text"/>
Fax	361 - 358 - 3971
E-mail Address*	presoffice@COASTALBEND.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)  /2018 Ends: (MM/DD)  /2019

**Number of full-time undergraduates by gender: The numbers below were reported on your institution's 2018-19 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	461	42 %
Female full-time undergraduates	640	58 %
Total full-time undergraduates	1101	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** 9/13/2019  
**Update Status** Updated