Printable Read-Only Institution Forms

Registration

First Name
Brian
Last Name
Erickson
Title
Athletic Director
Address 1
231 West Sixth Street
Address 2 (Optional)
City
POWELL
State
Wyoming
ZIP Code
82435
Phone
3072540831
Extension (Optional)

General Information

Institution Name: Northwest College

Address 1				
231 W 6th St				
Address 2 (Optional)				
City	State		ZIP Code	
Powell	Wyoming	*	82435-1898	
Phone	E	xtension (0	ptional)	
(307) 754-6000				
Institution Name Alias	(Optional)			
Northwest College				

Athletic Department

Athletic Director Name				*
Brian Erickson				
Address 1				
231 West Sixth Street				
Address 2 (Optional)				
City	State		ZIP Code	
Powell	Wyoming	T	82435	
Phone		Extension (O	ptional)	
(307) 754-6210				

Chief Administrative Officer

Admin Name	Title	Title		
Lisa Watson	Preside	President		
Admin Email				
lisa.watson@nwc.edu				
Phone	Extension (Optional)	Fax (Optional)		
(307) 754-6098		(307) 754-6058		

EADA General

Designated Reporting Year

	be 12 months. The dates for the rep	orung year snould be consistent i	TOTTI year to year.
Begins: E	Ends:		
07/01 📄 / 2024	06/30 / 2025		
Number of Full-time Undergradu	ates by Gender		
changed unless they were rep	orted on your institution's 2024 ported incorrectly to IPEDS. Th umbers are incorrect, please ca	e numbers indicate the full-ti	d not be me certificate or
		Number	Percent
		321	
Male full-time undergraduates			48%
Female full-time undergraduates		346	52%
Total full-time undergraduates		667	100%
Athletic Sanctioning Body for the	e Designated Reporting Year (selec	et one):	
O NCAA Division I-FBS	○ NAIA Division I	○ CCCAA	
O NCAA Division I-FCS	O NAIA Division II	○ NWAC	
CHACAS DINGON I without footb	all NJCAA Division I	○ USCAA	
NCAA Division II with football	NJCAA Division II	Independent	
O NCAA Division II without footl	oall O NJCAA Division III	Other	
O NCAA Division III with footbal	NCCAA Division I		

Opdate Status

O NCCAA Division II

Date Completed: 10/1/2025

Updated