

EXHIBIT A. SURVEY OF EARNED DOCTORATES, 1994–95
SAMPLE QUESTIONNAIRE

SURVEY OF EARNED DOCTORATES 1994-95

Please return this form to the GRADUATE DEAN for forwarding to
The Office of Scientific and Engineering Personnel, National Research Council • 2101 Constitution Avenue, N.W., Washington, D.C. 20418

Please print or type.

1. Name in full: _____
Last Name First Name Middle Name
 Cross Reference: Maiden name or former name legally changed _____

2. Permanent address through which you could always be reached: (Care of, if applicable) _____

Number Street City

State Zip Code Or Country if not U.S.

3. U.S. Social Security Number: _____

4. Place of birth: _____ Date of birth: _____
State or Country if not U.S. Month Day Year

5. Sex: Male
 Female

8. Are you a person with a disability? Yes No
 If yes, is it: Visual Orthopedic (mobility)
 Auditory (hearing) Vocal
 Other (specify) _____

6. Marital status: Single, never married
 Married
 Separated, divorced, widowed

9. What is your racial background? American Indian or Alaskan Native
 (Check only one.) Asian or Pacific Islander
 Black
 White

7. Citizenship:
 United States, native
 United States, naturalized
 Non-United States:
 Permanent Resident of United States (Immigrant visa)
 ↳ _____
 (Country of present citizenship)
 Temporary Resident of United States (Non-immigrant visa)
 ↳ _____
 (Country of present citizenship)

10. Are you Hispanic? No Yes → Mexican American
 Puerto Rican
 Other Hispanic

11. How many dependents do you have? _____ Do not include yourself.
 (Dependent = someone receiving at least one half of his or her support from you.)

EDUCATION

12. Location of high school/secondary school last attended: _____ Date of graduation
State or Country if not U.S. from high school: _____
Month/Year

13. List below, chronologically, all colleges (including 2-year) and graduate institutions you have attended and each degree earned (if any). Be sure to give the years attended for ALL institutions attended. Include your doctoral institution(s) (and degree) at the end.

Institution/Branch	State/Country	Years Attended		Field of Study		Degree (if any)		
		From	To	Use Specialties List		Title	Granted	
				Name	Number		Mo	Yr
<i>EXAMPLE</i> Genesee Community College SUNY/Buffalo	NY NY	79 81	81 83	Math Computer Science	498 400	B.S.	6	83

If a baccalaureate degree (or equivalent) was never received, please check box.

14. How many years were you a full-time student between receiving your first baccalaureate degree (or equivalent) and receiving your doctorate (include the period spent on your thesis and/or dissertation). _____ (whole numbers)

15. Identify the field of your dissertation research and enter below the title of your dissertation. If a project report or a musical or literary composition is a degree requirement in lieu of a dissertation, please check box Name of field _____ Number of field _____
(Use Specialties List)
 Title _____

16. Name the department (or interdisciplinary committee, center, institute, etc.) and school or college of the university which supervised your doctoral program.

Department/Institute/Committee/Program School

17. Indicate your **primary** and **secondary** sources of support during graduate school by entering "1" or "2" in the appropriate box. Check (✓) all other sources from which support was received, if any. (Enter only one source as "1" and one source as "2.")

- | | | | |
|--|---|---|--|
| Own/Family Resources | Federal Research Assistant | Other Federal Support (continued) | Student Loans |
| 01 <input type="checkbox"/> Own Earnings | 22 <input type="checkbox"/> NIH | 49 <input type="checkbox"/> Other Dept. Education | 80 <input type="checkbox"/> Guaranteed Student Loan (Stafford Loan) |
| 02 <input type="checkbox"/> Spouse's Earnings | 32 <input type="checkbox"/> NSF | 60 <input type="checkbox"/> Veterans Administration | 81 <input type="checkbox"/> Perkins Loan — formerly National Direct Student Loan |
| 03 <input type="checkbox"/> Family Contributions | 52 <input type="checkbox"/> USDA | 53 <input type="checkbox"/> USDA Fellowship | 89 <input type="checkbox"/> Other Loan |
| University-Related | 62 <input type="checkbox"/> Other Federal | 69 <input type="checkbox"/> Other Federal | |
| 10 <input type="checkbox"/> Teaching Assistant | <i>Specify</i> _____ | <i>Specify</i> _____ | <i>Specify</i> _____ |
| 11 <input type="checkbox"/> Research Assistant | Other Federal Support | U.S. Nationally Competitive Fellowships (Non-Federal) | Other Sources |
| 12 <input type="checkbox"/> University Fellow | 21 <input type="checkbox"/> NIH Traineeship/Fellowship | 70 <input type="checkbox"/> Ford Foundation | 90 <input type="checkbox"/> Business/Employer |
| 14 <input type="checkbox"/> College Work-Study | 29 <input type="checkbox"/> Other HHS | 71 <input type="checkbox"/> Rockefeller Foundation | 91 <input type="checkbox"/> Foreign (Non-U.S.) Government |
| 19 <input type="checkbox"/> Other | 33 <input type="checkbox"/> NSF Fellowship | 73 <input type="checkbox"/> Mellon Foundation | 92 <input type="checkbox"/> State Government |
| <i>Specify</i> _____ | 40 <input type="checkbox"/> Patricia Roberts-Harris Fellowship — formerly G*POP (Department of Education) | 78 <input type="checkbox"/> Other Fellowship | 99 <input type="checkbox"/> Other |
| | 44 <input type="checkbox"/> Title VI Foreign Language | <i>Specify</i> _____ | <i>Specify</i> _____ |

18. When you receive your doctorate degree, how much money will you owe that is directly related to your undergraduate and/or graduate education (tuition and fees, living expenses and supplies, transportation to and from school)?

- | | |
|--|--|
| 0 <input type="checkbox"/> None | 4 <input type="checkbox"/> \$15,001-\$20,000 |
| 1 <input type="checkbox"/> \$5,000 or less | 5 <input type="checkbox"/> \$20,001-\$25,000 |
| 2 <input type="checkbox"/> \$5,001-\$10,000 | 6 <input type="checkbox"/> \$25,001-\$30,000 |
| 3 <input type="checkbox"/> \$10,001-\$15,000 | 7 <input type="checkbox"/> \$30,001 or more |

19A. Please check the category that most fully describes your status for employment or study during the year immediately preceding the award of the doctorate.

- 0 Full-time employed → Go to item 19B →
- 1 Held fellowship
- 2 Held assistantship
- 3 Part-time employed
- 4 Not employed
- 5 Other (specify) _____

B. If full-time employed, what type of position did you hold?

- 6 College or university, faculty
- 7 College or university, non-faculty
- 8 Elementary or secondary school, teaching
- 9 Elementary or secondary school, non-teaching
- (11) Industry or business
- (12) Other (specify) _____

POSTGRADUATION PLANS

20. How definite are your immediate postgraduate plans?

- 0 Am returning to, or continuing in, predoctoral employment
- 1 Have signed contract or made definite commitment
- 2 Am negotiating with one or more specific organizations
- 3 Am seeking position but have no specific prospects
- 4 Other (specify) _____

21. What best describes your immediate postgraduate plans?

- Study**
- 0 Postdoctoral fellowship
- 1 Postdoctoral research associateship
- 2 Traineeship
- 3 Other study (specify) _____
- 4 Employment (other than 0, 1, 2, 3)
- 5 Military service
- 6 Other (specify) _____
- For study plans go to Item 22
- For employment plans go to Item 23

22. If you plan to have a postdoctoral fellowship, associateship, traineeship, or otherwise undertake further study,

- A. What will be the field of your postdoctoral study? Please enter number from **Specialties List**. _____
- B. What will be the main source of financial support for your study research?
- 0 U.S. Government
- 1 College or university
- 2 Private foundation
- 3 Nonprofit, other than private foundation
- 4 Other (specify) _____
- 6 Unknown
- Go to Item 24

23. If you plan to be **employed, enter military service or other:**

A. For what type of employer will you be working?

- Education
- a U.S. 4-yr college or university other than medical school
- b U.S. medical school
- c U.S. jr. or community college
- d Elementary or secondary school
- e Foreign institution
- Government
- f Foreign government
- g U.S. federal government
- h U.S. state government
- i U.S. local government
- Private Sector
- j Nonprofit organization
- k Industry or business
- l Self-employed
- Other
- m Other (specify) _____

B. Indicate what your **primary** and **secondary** work activities will be by entering "1" or "2" in the appropriate box.

- 0 Research and development
- 1 Teaching
- 2 Administration
- 3 Professional services to individuals
- 5 Other (specify) _____

C. In what field will you be working? Please enter number from **Specialties List**. _____

Go to Item 24

24. Where do you intend to live/work/study after graduation? 0 in U.S. _____ State _____ 1 not in U.S. _____ Country _____

Name of Organization, if known _____

City of Organization, if known _____

25. What is the highest educational attainment of your mother and father? Please circle.

Father:	Less than high school	High school graduate	Some college	Bachelor's	Master's	Professional	Doctorate
Mother:	Less than high school	High school graduate	Some college	Bachelor's	Master's	Professional	Doctorate
Codes for office use	1	2	3	4	5	6	7

Signature _____ Date _____

If you would like a summary of the results of this survey, please check box. (Available as funding permits.)