

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: _____ State or Country if not U.S. Date of birth: _____
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: _____ State or Country if not U.S. Date of graduation 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	NY	79	81	Math	498				
SUNY/Buffalo	NY	81	83	Computer Sciences	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**
 01 Own Earnings
 02 Spouse's Earnings
 03 Family Contributions

- Federal Research Assistant**
 22 NIH
 32 NSF
 52 USDA
 62 Other Federal

- Other Federal Support (continued)**
 49 Other Dept. Education
 60 Veterans Administration
 53 USDA Fellowship
 69 Other Federal

- Student Loans**
 80 Guaranteed Student Loan (Stafford Loan)
 81 Perkins Loan — formerly National Direct Student Loan
 89 Other Loan

- University-Related**
 10 Teaching Assistant
 11 Research Assistant
 12 University Fellow
 14 College Work-Study
 19 Other

Specify _____

- Other Federal Support**
 21 NIH Traineeship/Fellowship
 28 Other HHS
 33 NSF Fellowship
 40 Patricia Roberts-Harris Fellowship — formerly G*POP (Department of Education)
 44 Title VI Foreign Language

Specify _____

- U.S. National Competitive Fellowships (Non-Federal)**
 70 Ford Foundation
 71 Rockefeller Foundation
 73 Mellon Foundation
 78 Other Fellowship

Specify _____

- Other Sources**
 90 Business/Employer
 91 Foreign (Non-U.S.) Government
 92 State Government
 99 Other

Specify _____

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 None
 1 \$5,000 or less
 2 \$5,001-\$10,000
 3 \$10,001-\$15,000
 4 \$15,001-\$20,000
 5 \$20,001-\$25,000
 6 \$25,001-\$30,000
 7 \$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
 (1) 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) _____
- For study plans go to Item 22**
- 4 Employment (other than 0, 1, 2, 3)
 5 Military service
 6 Other (specify) _____
- 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.)