

Please print your name in full:

First Name	Middle Name	Last Name	Suffix (e.g., Jr.)
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Cross reference: Birth name or former name legally changed

Name of Doctoral Institution	City or Branch	Date Degree Granted (mm/yyyy)
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Survey of Earned Doctorates

July 1, 2002, to June 30, 2003

Conducted by

The National Opinion Research Center at the University of Chicago

for

The National Science Foundation

The National Institutes of Health

The U.S. Department of Education

The National Endowment for the Humanities

The U.S. Department of Agriculture

The National Aeronautics and Space Administration

This information is solicited under the authority of the National Science Foundation Act of 1950, as amended. ALL INFORMATION YOU PROVIDE WILL BE TREATED AS CONFIDENTIAL and used only for research or statistical purposes by your doctoral institution, the survey sponsors, their contractors, and collaborating researchers for the purpose of analyzing data, preparing scientific reports and articles, and selecting samples for a limited number of carefully defined follow-up studies. Any information publicly released (such as statistical summaries) will be in a form that does not personally identify you. Your response is voluntary and failure to provide some or all of the requested information will not in any way adversely affect you. Your Social Security number is also solicited under the NSF Act of 1950, as amended; providing it is also voluntary. It is used for survey quality control, program evaluation, and for matching with other databases.

The time needed to complete this form varies according to individual circumstances, but the average time is estimated to be 20 minutes. If you have comments regarding this time estimate, you may write to the National Science Foundation, 4201 Wilson Blvd., Arlington, VA 22230, Attention: NSF Reports Clearance Officer.

INSTRUCTIONS

Thank you for taking the time to complete this questionnaire. Directions are provided for each question. Because not all questions will apply to everyone, you may be asked to skip certain questions.

- If you have not already done so, please print your name on the front cover.
- Please print all responses; you may use either a pen or pencil.
- When answering questions that require marking a box, please use an "X."
- If you need to change an answer, please make sure that your old answer is either completely erased or clearly crossed out.
- On page 7 (inside the back cover) is a Specialties List for classifying your field(s) of specialization in questions A2 and A8.

PART A - Education

A1. What is the title of your dissertation?

Please mark (X) this box if the title below refers to a performance, project report, or a musical or literary composition required instead of a dissertation.

Title

A2. Using the Specialties List (page 7), please write the name and number of the primary field of your dissertation research.

Name of Field
 Number of Field

If you had a secondary field for your dissertation research, list the name and number.

Name of Field
 Number of Field

A3. Please name the department (or interdisciplinary committee, center, institute, etc.) of the university that supervised your doctoral program.

Mark (X) box if none

Department/Committee/Center/Institute/Program

A4. Please name the school or college within the university that supervised your doctoral program.

Mark (X) box if not applicable

School or College within University

A5. Which of the following were sources of support during graduate school?

Mark (X) Yes or No for each

	Yes	No
a. Fellowship, scholarship	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Dissertation grant	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. Teaching assistantship	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. Research assistantship	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e. Traineeship	1 <input type="checkbox"/>	2 <input type="checkbox"/>
f. Internship or residency	1 <input type="checkbox"/>	2 <input type="checkbox"/>
g. Loans (from any source)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
h. Foreign (non-U.S.) support	1 <input type="checkbox"/>	2 <input type="checkbox"/>
i. Personal savings	1 <input type="checkbox"/>	2 <input type="checkbox"/>
j. Personal earnings during graduate school (other than sources listed above)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
k. Spouse's, partner's, or family earnings or savings	1 <input type="checkbox"/>	2 <input type="checkbox"/>
l. Employer reimbursement/assistance	1 <input type="checkbox"/>	2 <input type="checkbox"/>
m. Other - Specify	1 <input type="checkbox"/>	2 <input type="checkbox"/>
<input style="width: 250px; height: 20px;" type="text"/>		

A6. Which TWO sources listed in A5 provided the most support?

Enter letters of primary and secondary sources

1. _____ Primary source of support
 Mark (X) if no primary source
2. _____ Secondary source of support
 Mark (X) if no secondary source

A7. If you received full or partial tuition remission (waiver) for your doctoral studies, was it:

- 0 I did not receive any tuition remission
- 1 for less than 1/3 of tuition
- 2 between 1/3 and 2/3 of tuition
- 3 more than 2/3 of tuition

A9. When you receive your doctoral degree, how much money will you owe that is directly related to your undergraduate and graduate education?

Mark (X) one in each column

Undergraduate	Graduate
0 <input type="checkbox"/> None	0 <input type="checkbox"/> None
1 <input type="checkbox"/> \$5,000 or less	1 <input type="checkbox"/> \$5,000 or less
2 <input type="checkbox"/> \$5,001 - \$10,000	2 <input type="checkbox"/> \$5,001 - \$10,000
3 <input type="checkbox"/> \$10,001 - \$15,000	3 <input type="checkbox"/> \$10,001 - \$15,000
4 <input type="checkbox"/> \$15,001 - \$20,000	4 <input type="checkbox"/> \$15,001 - \$20,000
5 <input type="checkbox"/> \$20,001 - \$25,000	5 <input type="checkbox"/> \$20,001 - \$25,000
6 <input type="checkbox"/> \$25,001 - \$30,000	6 <input type="checkbox"/> \$25,001 - \$30,000
7 <input type="checkbox"/> \$30,001 - \$35,000	7 <input type="checkbox"/> \$30,001 - \$35,000
8 <input type="checkbox"/> \$35,001 - or more	8 <input type="checkbox"/> \$35,001 - or more

A10. How many years were there between the date you first entered graduate school in any program or capacity and the date your doctorate was granted?

Years Round to whole years

A11. How many years were you taking courses or preparing for exams required for or related to your doctoral degree?

Years Round to whole years

A12. How many years did you spend on your dissertation (non-course related preparation or research, writing and defense)?

Years Round to whole years

PART B - Postgraduation Plans

B1. How definite are your immediate (within the next year) postgraduate plans?

Mark (X) one

- 0 Am returning to, or continuing in, predoctoral employment → GO TO B2
- 1 Have signed contract or made definite commitment for other work or study → GO TO B2
- 2 Am negotiating with one or more specific organizations → SKIP TO B3
- 3 Am seeking position but have no specific prospects → SKIP TO B3
- 4 Other - Specify

B2. Please name the organization and geographic location where you will work or study.

Name → SKIP TO B4

City State Country
(if U.S.) (if not U.S.)

B3. In what state or country do you intend to live after graduation (within the next year)?

0 in U.S. → State

1 not in U.S. → Country

B4. What best describes your immediate (within the next year) postgraduate plans?

Mark (X) one

Further Training or Study

- 0 Postdoctoral fellowship → GO TO B5
- 1 Postdoctoral research associateship
- 2 Traineeship
- 3 Other study - Specify

Career Employment

- 4 Employment (other than 0, 1, 2, 3) → SKIP TO B6
- 5 Military service
- 6 Other - Specify

B5. What will be the main source of financial support for your postdoctoral study/research within the next year?

Mark (X) one

- 0 U.S. Government → SKIP TO C1
- 1 Industry/Business
- 2 College or university
- 3 Private foundation
- 4 Nonprofit, other than private foundation
- 5 Other - Specify
- 6 Unknown

B6. For what type of employer will you be working within the next year?

Mark (X) one

EDUCATION

- a. U.S. 4-year college or university other than medical school
- b. U.S. medical school (including university-affiliated hospital or medical center)
- c. U.S. junior or community college or technical institute
- d. Preschool, elementary, or secondary school in the U.S.
- e. Foreign educational 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

B7. From the list below, please indicate what your primary and secondary work activities will be by entering the numbers of your selections in the appropriate boxes:

Enter numbers from below:

- a. Primary Activity
- b. Secondary Activity

- 0 Research and development
- 1 Teaching
- 2 Administration
- 3 Professional services to individuals
- 4 Other - Specify

PART C - Background Information

C1. Are you -

- 1 Male
- 2 Female

C2. What is your marital status?

Mark (X) one

- 1 Married
- 2 Living in a marriage-like relationship
- 3 Widowed
- 4 Separated/divorced
- 5 Never married

C3. Not including yourself (or your spouse/partner), how many dependents do you have - that is, how many others receive at least one half of their support from you?

Mark (X) box if none

	Number
5 years of age or younger	<input style="width: 30px; height: 15px;" type="text"/>
6 to 18 years	<input style="width: 30px; height: 15px;" type="text"/>
19 years or older	<input style="width: 30px; height: 15px;" type="text"/>

C4. What is the highest educational attainment of your mother and father?

Mark (X) one for each parent

	a. Mother	b. Father
Less than high school/secondary school	1 <input style="width: 15px; height: 15px;" type="text"/>	1 <input style="width: 15px; height: 15px;" type="text"/>
High-school/secondary-school graduate	2 <input style="width: 15px; height: 15px;" type="text"/>	2 <input style="width: 15px; height: 15px;" type="text"/>
Some college	3 <input style="width: 15px; height: 15px;" type="text"/>	3 <input style="width: 15px; height: 15px;" type="text"/>
Bachelor's degree	4 <input style="width: 15px; height: 15px;" type="text"/>	4 <input style="width: 15px; height: 15px;" type="text"/>
Master's degree	5 <input style="width: 15px; height: 15px;" type="text"/>	5 <input style="width: 15px; height: 15px;" type="text"/>
Professional degree	6 <input style="width: 15px; height: 15px;" type="text"/>	6 <input style="width: 15px; height: 15px;" type="text"/>
Doctoral degree	7 <input style="width: 15px; height: 15px;" type="text"/>	7 <input style="width: 15px; height: 15px;" type="text"/>

C5. What is your place of birth?

State (if U.S.)

OR

Country (if not U.S.)

C6. What is your date of birth?

Month Day Year 1 9

C7. What is your citizenship status?

Mark (X) one

U.S. Citizen:

- 0 Native Born → SKIP TO C9
- 1 Naturalized →

Non-U.S. Citizen:

- 2 With a Permanent U.S. Resident Visa ("Green Card") → GO TO C8
- 3 With a Temporary U.S. Visa →

C8. (IF A NON-U.S. CITIZEN) Of which country are you a citizen?

(Specify country of present citizenship)

C9. In what state or country was the high school/secondary school that you last attended?

State (if U.S.)

OR

Country (if not U.S.)

C10. Are you a person with a disability?

1 Yes → **GO TO C11**

2 No → **SKIP TO C12**

C11. (IF YES) Which of the following categories describes your disability(ies)?

Mark (X) one or more

- a. Blind/Visually Impaired
- b. Deaf/Hard of Hearing
- c. Physical/Orthopedic Disability
- d. Learning/Cognitive Disability
- e. Vocal/Speech Disability
- f. Other - Specify

C12. Are you Hispanic (or Latino)?

1 Yes → **GO to C13**

2 No → **SKIP to C14**

C13. (IF YES TO C12) Which of the following describes your Hispanic origin or descent?

- 1 Mexican American or Chicano
- 2 Puerto Rican
- 3 Cuban
- 4 Other Hispanic - Specify

C14. What is your racial background?

Mark (X) one or more

a. American Indian or Alaska Native

Specify tribal affiliation(s)

- b. Native Hawaiian or other Pacific Islander
- c. Asian
- d. Black or African-American
- e. White

C15. Please fill in your U.S. Social Security number.

C16. In case we need to clarify some of the information you have provided, please list an E-mail address, website address (if applicable), and telephone numbers where you can be reached.

E-mail address

Website address

Daytime telephone

Evening telephone

C17. Please provide your address and the name and address of a person through whom you could always be reached.

Current Address

Number Street

City State Country Zip or Postal Code

Contact Person

Name

Number Street

City State Country Zip or Postal Code

Phone Number (including area or country code)

E-mail Address

C18. Please sign and date.

Signature

Date

The Summary Report on this survey is available at <http://www.norc.uchicago.edu/issues/docdata.htm>

Please use the back cover to make any additional comments you may have about this survey.

Thank you for completing the questionnaire. Please return it to your GRADUATE SCHOOL for forwarding to Survey of Earned Doctorates, The National Opinion Research Center at the University of Chicago, 1 N. State Street, Floor 16, Chicago, IL 60602. If you have questions or concerns about the survey, you may contact us by e-mail at 4800-sed@norcmil.uchicago.edu or phone at 1-800-248-8649.

To the Doctorate Recipient:

Congratulations on earning a doctoral degree! This is an important accomplishment for you. Your accomplishment is also significant for both this nation and others, as the new knowledge generated by research doctorates enhances the quality of life in this country and throughout the world. Because of the importance of persons earning research doctorates, several Federal agencies—listed on the cover—sponsor this Survey of Earned Doctorates.

The basic purpose of this survey is to gather objective data about doctoral graduates. These data are important in improving graduate education both at your home institution and beyond. Often, decisions made by governmental and private agencies to develop new programs, or to support present ones, are based in part on the data developed from this survey. If you have any comments about the survey, please provide them in the space below.

On behalf of the sponsoring Federal agencies, I thank you for your participation in this survey.

Best wishes,

Dr. Lynda Carlson
National Science Foundation

Comments About This Survey

Empty space for comments about the survey.

Please return this questionnaire to your GRADUATE DEAN for forwarding to Survey of Earned Doctorates, NORC at the University of Chicago, 1 N. State Street, Floor 16, Chicago, IL 60602.

If you have questions or concerns about the survey, you may contact us by e-mail at 4800-sed@norcmail.uchicago.edu or phone at 1-800-248-8649.

OFFICE USE ONLY					
Case ID		Instit. Code:		Grad Date:	
Main Disp.:					
PROCESSING					
Receipt		Editing		CADE	
Initials	Date	Initials	Date	Initials	Date
Ver. Adjust		Retrieval		Updates	
Initials	Date	Initials	Date	Initials	Date