

*Please print your name in full:*

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

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<b>Name of Doctoral Institution</b>	<b>City or Branch</b>	<b>Date Degree Granted (mm/yyyy)</b>
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# *Survey of Earned Doctorates*

*July 1, 2001, to June 30, 2002*

*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"/>

#### 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 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

**A8.** Please 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 DOCTORAL DEGREE AT THE END.

Mark (X) box if bachelor's degree (or equivalent) was never received.  Mark (X) box if master's degree (or equivalent) was never received.

EXAMPLE Institution and Location	Years Attended		Field of Study		Degree (if any)		
	From	To	Use Specialties List, page 7		Granted		
Institution <i>Indian Institute of Technology</i>	1990	1992	Field Name <i>Mathematics</i>	Number 498	Title --	Mo. --	Yr. --
Branch or City <i>Madras</i>	State or Province <i>India</i>		Country (if not U.S.) <i>India</i>				

Institution <i>University of California</i>	From 1993	To 1995	Field Name <i>Mechanical Engineering</i>	Number 345	Title <i>B.S.</i>	Mo. 6	Yr. 1995
Branch or City <i>Berkeley</i>	State or Province <i>CA</i>		Country (if not U.S.)				

Institution <i>University of California</i>	From 1997	To 2000	Field Name <i>Mechanical Engineering</i>	Number 345	Title <i>M.S.</i>	Mo. 6	Yr. 2000
Branch or City <i>Berkeley</i>	State or Province <i>CA</i>		Country (if not U.S.)				

Institution and Location	Years Attended		Field of Study		Degree (if any)		
	From	To	Use specialties List, page 7		Granted		
Institution	From	To	Field Name	Number	Title	Mo.	Yr.
Branch or City	State or Province		Country (if not U.S.)				

Institution	From	To	Field Name	Number	Title	Mo.	Yr.
Branch or City	State or Province		Country (if not U.S.)				

Institution	From	To	Field Name	Number	Title	Mo.	Yr.
Branch or City	State or Province		Country (if not U.S.)				

Institution	From	To	Field Name	Number	Title	Mo.	Yr.
Branch or City	State or Province		Country (if not U.S.)				

Institution	From	To	Field Name	Number	Title	Mo.	Yr.
Branch or City	State or Province		Country (if not U.S.)				

Institution	From	To	Field Name	Number	Title	Mo.	Yr.
Branch or City	State or Province		Country (if not U.S.)				

If you have attended more than six institutions of higher education, please continue this list in the "Comments" section on the back cover. Remember to include your doctoral institution and degree.

**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 → GO TO B5
- 2  Traineeship → GO TO B5
- 3  Other study - Specify

**Career Employment**

- 4  Employment (other than 0, 1, 2, 3) → SKIP TO B6
- 5  Military service → SKIP TO B6
- 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 → SKIP TO C1
- 2  College or university → SKIP TO C1
- 3  Private foundation → SKIP TO C1
- 4  Nonprofit, other than private foundation → SKIP TO C1
- 5  Other - Specify
- 6  Unknown → SKIP TO C1

**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

**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 which 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

**Mark (X) box if you would like a summary of the results of this survey (available as funding permits).**

**Results of the Survey of Earned Doctorates can be found on the National Science Foundation's World Wide Web page at <http://www.nsf.gov/sbe/srs/ssed/start.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 the 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@noremail.uchicago.edu](mailto:4800-sed@noremail.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

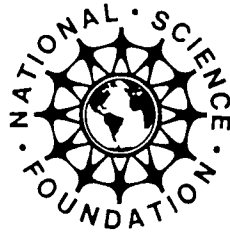
**Comments About This Survey**

**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.**

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Ver. Adjust		Retrieval		Updates			
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