

*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>
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<b>Type of Doctoral Degree (e.g., Ph.D., Ed.D., D.B.A.)</b>	<b>Date Degree Granted (mm/yyyy)</b>
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## *Survey of Earned Doctorates*

*July 1, 2005, to June 30, 2006*

*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. Your Social Security Number is also solicited under the NSF Act of 1950, as amended; provision of it is voluntary. It will be kept confidential. It is used for quality control, to assure that we identify the correct persons, especially when data are used for statistical purposes in Federal program evaluation. 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.

The time needed to complete this form varies according to individual circumstances, but the average time is estimated to be 19 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. A Federal agency may not conduct or sponsor a collection of information unless it displays a currently valid OMB control number.

## INSTRUCTIONS

Thank you for taking the time to complete this questionnaire. Directions are provided for each question.

- 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."

### 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. Please write the name of the primary field of your dissertation research.

Name of Field \_\_\_\_\_

Using the list on page 7, choose the code that best describes the primary field of your dissertation research.

Number of Field

If your dissertation research was interdisciplinary, list the name and number of your secondary field.

Name of Field \_\_\_\_\_

Number of Field

If there were more than two fields, please continue on the back cover of the questionnaire (p. 8).

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

Department/Committee/Center/Institute/Program \_\_\_\_\_

#### A4. 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 but less than full
- 4  full tuition remission

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

Mark ALL that apply

- a.  Fellowship, scholarship
- b.  Grant, stipend
- c.  Teaching assistantship
- d.  Research assistantship
- e.  Other assistantship
- f.  Traineeship
- g.  Internship, clinical residency
- h.  Loans (from any source)
- i.  Personal savings
- j.  Personal earnings during graduate school (other than sources listed above)
- k.  Spouse's, partner's, or family earnings or savings
- l.  Employer reimbursement/assistance
- m.  Foreign (non-U.S.) support
- n.  Other - Specify \_\_\_\_\_

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

Enter letters of primary and secondary sources

- 1  Primary source of support
- 2  Secondary source of support
- Mark (X) if no secondary source

#### A7. 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

- | <u>Undergraduate</u>                           | <u>Graduate</u>                                |
|--|--|
| 0 <input type="checkbox"/> None                | 0 <input type="checkbox"/> None                |
| 1 <input type="checkbox"/> \$10,000 or less    | 1 <input type="checkbox"/> \$10,000 or less    |
| 2 <input type="checkbox"/> \$10,001 - \$20,000 | 2 <input type="checkbox"/> \$10,001 - \$20,000 |
| 3 <input type="checkbox"/> \$20,001 - \$30,000 | 3 <input type="checkbox"/> \$20,001 - \$30,000 |
| 4 <input type="checkbox"/> \$30,001 - \$40,000 | 4 <input type="checkbox"/> \$30,001 - \$40,000 |
| 5 <input type="checkbox"/> \$40,001 - \$50,000 | 5 <input type="checkbox"/> \$40,001 - \$50,000 |
| 6 <input type="checkbox"/> \$50,001 or more    | 6 <input type="checkbox"/> \$50,001 or more    |

**A8. The next few questions ask about the degrees you have received. Starting with this doctorate degree, please provide the following information for the most recent master's degree and your first bachelor's degree.**

	This research doctorate degree	Most recent master's degree (e.g. MS, MA, MBA) or equivalent	First bachelor's degree (e.g. BA, BS, AB) or equivalent
<b>a. Have you received a degree of this type? . . . .</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>b. Month/year that you started your degree. . . .</b> Month <input type="checkbox"/> <input type="checkbox"/>	Month <input type="checkbox"/> <input type="checkbox"/>	Month <input type="checkbox"/> <input type="checkbox"/>	Month <input type="checkbox"/> <input type="checkbox"/>
Year <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Year <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Year <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Year <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>c. Month/year of degree award . . . . .</b> Month <input type="checkbox"/> <input type="checkbox"/>	Month <input type="checkbox"/> <input type="checkbox"/>	Month <input type="checkbox"/> <input type="checkbox"/>	Month <input type="checkbox"/> <input type="checkbox"/>
Year <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Year <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Year <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Year <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>d. Primary field of study . . . . .</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>e. Field number from list on p. 7 . . . . .</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>f. Institution name . . . . .</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>g. Branch or city . . . . .</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>h. State or province . . . . .</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>i. Country . . . . .</b>	USA	<input type="text"/>	<input type="text"/>

**A9. Excluding those above, have you attained any additional postsecondary degrees? . . . . .** Yes  No

**A10. Was a master's degree a prerequisite for admission to your doctoral program? . . . . .** Yes  No

**A11. In what year did you first enter graduate school in any program or capacity, in any university? . . . . .** Year

**A12. How many years were you taking courses or preparing for exams for this doctoral degree (including a master's degree, if that was a part of your doctoral program)? . . . . .** Years    
*Round to whole years*

**A13. After coursework and exams, how many years did you work on your dissertation (non-course related preparation or research, writing, and defense)? . . . . .** Years    
*Round to whole years*

**If yes, please list the additional degree(s), granting institution(s), and years.**

Degree Type \_\_\_\_\_

Degree Field \_\_\_\_\_

Year Granted \_\_\_\_\_

Institution \_\_\_\_\_

Branch or City \_\_\_\_\_

State or Country \_\_\_\_\_

Degree Type \_\_\_\_\_

Degree Field \_\_\_\_\_

Year Granted \_\_\_\_\_

Institution \_\_\_\_\_

Branch or City \_\_\_\_\_

State or Country \_\_\_\_\_

*If necessary, please continue this list on the back cover (p.8).*

**A14. Did you earn college credit from a community or two-year college?**

- 1  Yes  
2  No

**A15. Are you earning, or have you earned, a professional medical or dental degree (e.g. MD, DDS), in addition to the doctorate?**

- 1  Yes  
2  No

## PART B - Postgraduation Plans

**B1. In what country or state do you intend to live after graduation (within the next year)?**

- 0  in U.S. → State   
1  not in U.S. → Country

**B2. Do you intend to take a "postdoc" position?**

(A "postdoc" is a temporary position primarily for gaining additional education and training in research, usually awarded in academe, industry, or government.)

- 1  Yes  
2  No

**B3. What is the status of your postgraduate plans (in the next year)?**

Mark (X) one

- 0  Returning to, or continuing in, predoctoral employment → **GO TO B4**  
1  Have signed contract or made definite commitment for other work or study → **GO TO B4**  
2  Negotiating with one or more specific organizations → **SKIP TO C1**  
3  Seeking position but have no specific prospects → **SKIP TO C1**  
4  Do not plan to work or study  
5  Other - Specify

**B4. What best describes your (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  Intern, clinical residency → **GO TO B5**  
4  Other - Specify

### EMPLOYMENT

- 5  Employment (other than 0, 1, 2, 3, 4) → **SKIP TO B6**  
6  Military service → **SKIP TO B6**  
7  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  
1  Industry/Business  
2  College or university  
3  Private foundation  
4  Nonprofit, other than private foundation or college  
5  Other - Specify   
6  Unknown

**B6. For what type of employer will you be working or in training 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. university-affiliated research institute  
d.  U.S. community college or technical institute  
e.  U.S. preschool, elementary, middle, secondary school or school system  
f.  Foreign educational institution

### GOVERNMENT (other than education institution)

- g.  Foreign government  
h.  U.S. federal government  
i.  U.S. state government  
j.  U.S. local government

### PRIVATE SECTOR (other than education institution)

- k.  Not for profit organization  
l.  Industry or business (for profit)

### OTHER

- m.  Self-employed  
n.  Other - Specify

**B7. Please name the organization and geographic location where you will work or study.**

Name

State (if U.S.)

**OR**

Country (if not U.S.)

**B8. What will be your primary and secondary work activities?**

Mark (X) one in each column

	a. Primary	b. Secondary
Research and development	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Teaching	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Management or administration	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Professional services to individuals	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Other - Specify	5 <input type="checkbox"/>	5 <input type="checkbox"/>

Mark (X) if no secondary work activities.

## 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  
5  Divorced  
6  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 financial support from you?**

Mark (X) box if none

	Number
5 years of age or younger	<input type="text"/>
6 to 18 years	<input type="text"/>
19 years or older	<input type="text"/>

**C4. What is the highest educational attainment of your mother and father (or guardians)?**

Mark (X) one for each parent

	a. Mother	b. Father
Less than high/secondary school graduate	1 <input type="checkbox"/>	1 <input type="checkbox"/>
High/secondary school graduate	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Some college	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Bachelor's degree	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Master's degree (e.g., MA, MS, MBA, MSW, etc.)	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Professional degree (e.g., JD, LLB, D.Min, MD, DDS, etc.)	6 <input type="checkbox"/>	6 <input type="checkbox"/>
Doctoral degree	7 <input type="checkbox"/>	7 <input type="checkbox"/>
Not applicable	8 <input type="checkbox"/>	8 <input type="checkbox"/>

**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  Since birth  **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. 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. Which of the following best describes your Hispanic origin or descent?**

Mark (X) one

1  Mexican 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 (if applicable), and telephone number where you can be reached.**

E-mail address

Daytime telephone

**C17. Please provide your address and the name and address of a person who is likely to know where you can be reached.**

**Current Address**

Street Address

City State Country Zip or Postal Code

**Contact Person**

First Name Last Name

Street Address

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 results of this survey will be published in a Summary Report; the Summary Reports on earlier surveys are 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 this questionnaire to your GRADUATE SCHOOL 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@norc.uchicago.edu](mailto:4800-sed@norc.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 T. Carlson  
National Science Foundation

**Additions to Questions**

**A2 (continued)**

Name of Field

Number of Field

Name of Field

Number of Field

**A9 (continued)**

Degree Type \_\_\_\_\_ Degree Type \_\_\_\_\_

Degree Field \_\_\_\_\_ Degree Field \_\_\_\_\_

Year Granted \_\_\_\_\_ Year Granted \_\_\_\_\_

Institution \_\_\_\_\_ Institution \_\_\_\_\_

Branch or City \_\_\_\_\_ Branch or City \_\_\_\_\_

State or Country \_\_\_\_\_ State or Country \_\_\_\_\_

**Comments about the Survey**

Please return this questionnaire to your GRADUATE SCHOOL 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@norc.uchicago.edu](mailto:4800-sed@norc.uchicago.edu) or phone at 1-800-248-8649.

OFFICE USE ONLY					
Case ID		Instit. Code:		Grad Date:	
PROCESSING					
<b>Receipt</b>		<b>Editing</b>		<b>CADE</b>	
Initials	Date	Initials	Date	Initials	Date
<b>Ver. Adjust</b>		<b>Retrieval</b>		<b>Updates</b>	
Initials	Date	Initials	Date	Initials	Date