Please print your name in full:

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
<th>Suffix (e.g., Jr.)</th>
</tr>
</thead>
</table>

Cross reference: Birth name or former name legally changed

Name of Doctoral Institution   City or Branch

Type of Doctoral Degree (e.g., Ph.D., Ed.D., D.B.A.) Date Degree Granted (mm/yyyy)

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

   Name

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

   Undergraduate
   0 None
   1 $10,000 or less
   2 $10,001 - $20,000
   3 $20,001 - $30,000
   4 $30,001 - $40,000
   5 $40,001 - $50,000
   6 $50,001 or more

   Graduate
   0 None
   1 $10,000 or less
   2 $10,001 - $20,000
   3 $20,001 - $30,000
   4 $30,001 - $40,000
   5 $40,001 - $50,000
   6 $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.

<table>
<thead>
<tr>
<th>Question</th>
<th>This research doctorate degree</th>
<th>Most recent master’s degree (e.g. MS, MA, MBA) or equivalent</th>
<th>First bachelor's degree (e.g. BA, BS, AB) or equivalent</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Have you received a degree of this type?</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>b. Month/year that you started your degree.</td>
<td>Month</td>
<td>Month</td>
<td>Month</td>
</tr>
<tr>
<td></td>
<td>Year</td>
<td>Year</td>
<td>Year</td>
</tr>
<tr>
<td>c. Month/year of degree award</td>
<td>Month</td>
<td>Month</td>
<td>Month</td>
</tr>
<tr>
<td></td>
<td>Year</td>
<td>Year</td>
<td>Year</td>
</tr>
<tr>
<td>d. Primary field of study</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Field number from list on p. 7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Institution name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Branch or city</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. State or province</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Country</td>
<td>USA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A9. Excluding those above, have you attained any additional postsecondary degrees?  

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

<table>
<thead>
<tr>
<th>Degree Type</th>
<th>Degree Field</th>
<th>Year Granted</th>
<th>Institution</th>
<th>Branch or City</th>
<th>State or Country</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A10. Was a master's degree a prerequisite for admission to your doctoral program?  

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

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 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
1  Have signed contract or made definite commitment for other work or study
2  Negotiating with one or more specific organizations
3  Seeking position but have no specific prospects
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
1  Postdoctoral research associateship
2  Traineeship
3  Intern, clinical residency
4  Other - Specify

EMPLOYMENT
5  Employment (other than 0, 1, 2, 3, 4)
6  Military service
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

<table>
<thead>
<tr>
<th></th>
<th>a. Primary</th>
<th>b. Secondary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research and development</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Teaching</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Management or administration</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Professional services to individuals</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Other - Specify</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

Mark (X) if no secondary work activities.

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

Mark (X) one for each parent

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

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 Since birth
  1 Naturalized

- NON-U.S. CITIZEN
  2 With a Permanent U.S. Resident Visa ("Green Card")
  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 or phone at 1-800-248-8649.
FIELD OF STUDY

INSTRUCTIONS: The following field listing is to be used in responding to items A2 and A8. Please choose the code that best describes the name of your field.

AGRICULTURAL SCIENCES/NATURAL RESOURCES
185 Physiology, Human & Animal
189 Zoology, Other
198 Biology/Biological Sciences, General
199 Biology/Biomed Sci, Other

HEALTH SCIENCES
200 Speech-Lang, Pathology & Audiologist
210 Environmental Health
211 Toxicology
212 Health Systems/Service Administration
220 Public Health
222 Epidemiology
223 Kinesiology/Exercise Sci
230 Nursing Science
240 Pharmacy
245 Rehabilitation/Therapeutic Services
246 Veterinary Medicine
250 Health Sciences, General
299 Nutrition Sciences, Other

ENGINEERING
300 Aerospace, Aeronautical & Astronautical
326 Biomedical & Biomedical
327 Ceramic Sciences
332 Chemical
336 Civil
345 Communications
351 Computer
361 Electrical, Electronics & Communications
372 Electrical Eng, Other

BIODIVERSITY/BIOMEDICAL SCIENCES
330 Biochemistry
336 Biomedical Sciences
350 Biophysics (see 565)
370 Biotechnology
379 Bacteriology
381 Plant Genetics
385 Plant Pathology/Phytopathology
389 Plant Physiology
390 Botany/Plant Biology
392 Anatomy
393 Biometrics & Biostatistics
395 Cell/Cellular Biology and Histology
399 Cell/Biochemistry & Molecular Biology
119 Ecology
142 Developmental Biology/Embryology
145 Endocrinology
148 Entomology
151 Immunology
154 Molecular Biology
157 Microbiology
159 Neuroscience
160 Developmental Biology
162 Nutrition Sciences
166 Parasitology
169 Toxicology
170 Genetics, Human & Animal
175 Pathology, Human & Animal
180 Pharmacology, Human & Animal

MATHEMATICS
420 Applied Mathematics
425 Algebra
430 Analysis & Functional Analysis

PHYSICAL SCIENCES
430 Analysis & Functional
420 Applied Mathematics
419 Computer & Information Science, Other

SOCIAL SCIENCES
579 Physics, Other
578 Physics, General
576 Nuclear Physics
569 Optics/Photonics
568 Nuclear Physics
565 Biophysics (see 105)
563 Atomic/Molecules
561 Acoustics

HUMANITIES
732 Literature, American
733 Literature, English
734 English Language
736 Speech & Rhetorical
738 Letters, General
739 Letters, Other

FOREIGN LANGUAGES & LITERATURE
740 French
743 German
746 Italian
749 Spanish
752 Russian
755 Slavic (other than Russian)
758 Chinese
762 Japanese
768 Arabic
769 Other Languages & Literatures

Other Humanities
770 American/U.S. Studies
773 Archeology
776 Art History/Criticism/Conserv
780 Music
785 Philosophy
790 Religion/Religious Studies (See also 984)
795 Drama/Theater Arts
798 Humanities, General
799 Humanities, Other

EDUCATION
800 Curriculum & Instruction
805 Educ. Administration & Supervision
807 Educ. Leadership
810 Educ.Instructional Media Design
815 Educ. Statistics/Research Methods
820 Educ. Assessment/Testing/Measure
822 Educ. Psychology
825 School Psychology (See also 636)
830 Social/Philosophical Foundations of Educ.
835 Special Educ.
840 Counseling Educ./Counseling & Guidanc
845 Higher Educ./Evaluation & Research
868 Health Education

Other Professional Fields
860 Architect Environ. Design
864 Family/Consumer Sci/Human Dev.
868 Law
872 Library Science
874 Parks/Sports/Recreation/Leisure/Exercise
876 Public Administration
878 Social Work
884 Theology/Religious Education
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

<table>
<thead>
<tr>
<th>A2 (continued)</th>
<th>A9 (continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Field</td>
<td>Degree Type ________________</td>
</tr>
<tr>
<td>Number of Field</td>
<td>Degree Type ________________</td>
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<tr>
<td>Name of Field</td>
<td>Year Granted ________________</td>
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<tr>
<td>Number of Field</td>
<td>Year Granted ________________</td>
</tr>
<tr>
<td>Name of Field</td>
<td>Institution ________________</td>
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<td>Number of Field</td>
<td>Institution ________________</td>
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<td>Name of Field</td>
<td>Branch or City ________________</td>
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</tr>
<tr>
<td>Number of Field</td>
<td>State or Country ________________</td>
</tr>
</tbody>
</table>

Comments about the Survey

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