

ATTACHMENT 8.3

Transmittal Sheet  
Survey of Earned Doctorates

From: \_\_\_\_\_  
(Name of Institution) (Division)  
\_\_\_\_\_  
(City and State)

To: Survey of Earned Doctorates, NORC- Production Center, One North State Street, 16<sup>th</sup> Floor,  
Chicago, IL 60602

The enclosed doctorate survey questionnaires represent doctoral graduates for the following date:

**Graduation (or Conferral) Date:** \_\_\_\_\_  
Total number of doctoral **degrees awarded** on this date \_\_\_\_\_  
Total number of **questionnaires enclosed** herewith \_\_\_\_\_  
**Total missing** (if any) \_\_\_\_\_

Following are the names and addresses of graduates whose **survey forms are missing or were completed by the graduate office** because the students themselves were not available:

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[Type text]

The enclosed questionnaires represent people who have completed all requirements for the doctoral degree at this institution on the graduation date stated above.

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Name of Institutional Contact (Print)

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Signature

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Title

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Date