

# Graduate Student Recruitment Program – Survey of Application

OMB No.: 0925-0046  
Expiration Date: 05/31/2016

Collection of this information is authorized by The Public Health Service Act, Section 411 (42 USC 285a). Rights of study participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. Refusal to participate will not affect your benefits in any way. The information collected in this study will be kept private to the extent provided by law. Names and other identifiers will not appear in any report of the study. Information provided will be combined for all study participants and reported as summaries. You are being contacted by email to complete this instrument so that we can evaluate the effectiveness of it.

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0046).

## Part I: Applicant

\_\_\_\_\_ **The application was completed in a reasonable amount of time.**

- a. Yes
- b. No

\_\_\_\_\_ **The dropdown menus were comprehensive and contained all the topics needed.**

- a. Yes
- b. No

If “no” please add items missing

\_\_\_\_\_ **Open text boxes were offered to provide feedback during the application process.**

- a. Yes
- b. No

If “no” please add items missing

\_\_\_\_\_ **Deadlines were clearly stated.**

- a. Yes

- b. No

If "no" please add items missing

\_\_\_\_\_ **Information about next steps was clearly stated.**

- a. Yes
- b. No

\_\_\_\_\_ **Contact information was clearly provided.**

- a. Yes
- b. No

If "no" please add items missing