Attachment F1

Louis Stokes Alliances for Minority Participation Bridge to the Doctorate (LSAMP-BD) Monitoring System

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Common Collection Categories Questions	Staff and Project Participant Characteristics[1]	Project Implementation Characteristics[2]	Project Outputs[3]
BASELINE DATA			
Student Name (First, MI, Last)	X		
Previous Name	X		
LSAMP Institution the student was enrolled in	X		
Bachelor's Degree-awarding Institution (if other than the LSAMP institution)	X		
LSAMP Alliance (to which the above LSAMP institution belongs)	X		
Social Security Number (requested/optional)	X		
Student ID at the Institution (requested/optional)	X		
Gender • Male • Female • Not reported	X		
Ethnicity • Not Hispanic or Latino • Hispanic or Latino • Not reported	X		
Race (choose one or more) • American Indian or Alaska Native • Asian • Black or African American • Native Hawaiian or Other Pacific Islander • White • Not reported	X		
Disability Yes (check yes if any of the following apply): • Deaf or serious difficulty hearing • Blind or serious difficulty seeing even when wearing glasses • Serious difficulty walking or climbing stairs • Other serious disability related to a physical, mental, or emotional condition No Do not wish to provide	X		
Citizenship • U.S. Citizen/U.S. National • U.S. Permanent Resident/Green Card holder • Other (please specify)	X		
Date of bachelor's degree Month	X		

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[1] Elements of these characteristics include: Name, address, date of birth, gender, ethnicity, race, disability status, class, major, grade point average, yearly fellowship or stipend amount, and project role.

[2] Elements of these characteristics include: Sources and amount of funds, fellowships, scholarships, traineeships, partnerships, training, and research methods.

[3] Elements of these characteristics include: Research findings, publications, presentations, degrees granted, and educational materials.

Common Collection Categories **Questions**	Staff and Project Participant Characteristics	Project Implementation Characteristics	Project Outputs
Year			
Undergraduate Major (choose one or more) • Agricultural Science • Chemistry • Computer Science • Engineering • Environmental Science • Geosciences • Life/Biological Sciences • Mathematics • Physics/Astronomy • Other (please specify)	X		
Undergraduate GPA	X		
Undergraduate GPA Scale • 4 point scale • 5 point scale	X		
LSAMP Level I or II Status			
GRE Scores Verbal Reasoning Quantitative Reasoning Analytical Writing Please mark the checkbox if this student did not take the GRE	X		
Date entered the STEM Graduate Program Month Year	X		
Date began receiving BD funding Month Year	X		
Did this student complete any graduate work before receiving LSAMP BD funding? • Yes • No	X		
Broad Field Area			
Field			
Degree—Choose Degree • No specific degree or certificate • Post baccalaureate Certificate • Master's (including MBA) • Post Master's Certificate • Doctorate (Ph.D., D.S.C., D.Sc., Ed.D.) • Other professional degree (J.D., L.L.B., Th.D., M.D, DDS. etc.) • Other (please specify)	X		
Date degree awarded Month Year	X		
If no prior graduate degrees please provide the number of graduate credits completed prior to receiving LSAMP BD funding	X		
Teaching assistantship awarded prior to receiving LSAMP BD	X		

Common Collection Categories	Staff and Project Participant Characteristics	Project Implementation Characteristics	Project Outputs
Questions			
funding? • Yes • No			
Research assistantship awarded prior to receiving LSAMP BD funding? • Yes • No	X		
ANNUAL DATA			
Graduate Program	X		
Intended Broad Major Area	X		
Intended Major	X		
Intended Degree (choose one or more) • No specific degree or certificate • Post baccalaureate Certificate • Master's (including MBA) • Post Master's Certificate • Doctorate (Ph.D., D.S.C., D.Sc., Ed.D.) • Other professional degree (J.D., L.L.B., Th.D., M.D, D.D.S., etc.) • Other (please specify)	X		

From which of these sources did this student receive financial support during the current reporting period
    NSF LSAMP BD Fellowship
      • Yes
      • No
      Amount
    NSF other grant/fellowship
      • Yes
      • No
      Program Name
      Amount
    Institution attending
      • Yes
      • No
      Type of support
        • Grant/Fellowship
        • Assistantship
        • Tuition waiver
        • Loan
        • Other
    Government (federal/state/local)
      • Yes
      • No
      Type of support
        • Grant/Fellowship
        • Assistantship
        • Tuition waiver
        • Loan
        • Other
	X		

Common Collection Categories **Questions**	Staff and Project Participant Characteristics	Project Implementation Characteristics	Project Outputs
Private funding • Yes • No Type of support • Grant/Fellowship • Assistantship • Tuition waiver • Loan • Other Other sources (please specify) • Yes • No Amount No financial support received			
LSAMP-BD Disbursement Method • Biweekly • Monthly • Quarterly • By Semester • Yearly	X		
Is the LSAMP-BD stipend or payment based on academic performance? • Yes • No	X		
Did the LSAMP BD funding end for this student during the current reporting period? • Yes No If yes, please provide the date funding ended: Month Year	X		
If the LSAMP BD funding ended, did the student receive funding from other sources during the current reporting period to continue graduate studies (post-LSAMP BD funding)? • Yes • No	X		
Number of graduate courses credits completed during the current reporting period			X
Teaching assistantship awarded during the current reporting period • Yes • No			X
Research Assistantship awarded during the current reporting period • Yes • No			X
Year entered Ph.D. track - (completed 2 years of graduate coursework, equivalent to MA or MS and entered 3rd year of			X

Common Collection Categories Questions	Staff and Project Participant Characteristics	Project Implementation Characteristics	Project Outputs
graduate coursework, i.e., post MS and into Ph.D. track): • Year • Not entered to Ph.D. track			

Thesis Proposal - Date Approved:
     Month   Year
     Not applicable; thesis proposal is not required
			X

Master's Degree - Date Awarded: Month Year			X
Ph.D. Qualifying Examinations - Date passed: Month Year			X
Ph.D. Candidacy - Date Attained: Month Year			X
Dissertation Defense - Date Passed: Month Year			X
Doctoral Dissertation - Date Approved: Month Year			X
Doctoral Degree - Date Awarded: Month Year			X
Did the student leave without completing the program during the current reporting period? • Yes • No		X	
If yes, please provide the date the student left the program: Month Year		X	
If he or she left, was it to continue Ph.D. elsewhere? • Yes • No • Don't know		X	
If he or she left to continue Ph.D. elsewhere, please provide the transfer date: Month Year		X	
Transfer institution name		X	
Graduate program at transfer institution		X	
Intended broad major area at transfer institution		X	
Intended major at transfer institution		X	
Intended degree at transfer institution (choose one or more): • No specific degree or certificate • Post baccalaureate Certificate • Master's (including MBA) • Post Master's Certificate • Doctorate (Ph.D., D.S.C., D.Sc., Ed.D.) • Other professional degree (J.D., L.L.B., Th.D., M.D, DDS. etc.) • Other (please specify)		X	
Current status at transfer institution: • Not yet graduated, but pursuing a doctorate		X	

Common Collection Categories	Staff and Project Participant Characteristics	Project Implementation Characteristics	Project Outputs
Questions			

• Graduated with a doctorate
    Date graduated from transfer institution:
        Month   Year
• Dropped out
    Date dropped out from transfer institution:
        Month   Year
• Other (please specify)			

If the student transferred, how were the responses to the transfer questions obtained? (choose one) • Institutional Records • Telephone Interviews • Exit Interviews • Web surveys • Email • Paper surveys • Other (please specify)		X	

Please provide the permanent contact information for this student.
    Student's email address at school
    Student's personal email address
    Address
    City
    State
    Zip Code
    Country
    Phone
    Ext.
	X		

Name and address (U.S. postal and e-mail) of a person likely to know how to reach this student after he or she graduates
    Name
    Relationship to this student
    Email address
    Address
    City
    State
    Zip Code
    Country
    Phone
    Ext.
	X		

FOLLOWUP DATA			
You indicated that you left the BD program. Did you return to complete your graduate studies? • Yes • No		X	
When did you return to continue your graduate studies? Month Year		X	

Common Collection Categories	Staff and Project Participant Characteristics	Project Implementation Characteristics	Project Outputs
Questions			
If you returned to continue your graduate studies, in which program did you enroll? (choose one or more) • Post baccalaureate Certificate • Master's (including MBA) • Post Master's Certificate • Doctorate (Ph.D., D.S.C., D.Sc., Ed.D.) • Other professional degree (J.D., L.L.B., Th.D., M.D, D.D.S., etc.) • Other (please specify)		X	
Graduate program		X	
Intended broad major area		X	
Intended major		X	
Did you return to [student's original institution name]? • Yes • No		X	
If No, please provide the name of the institution in which you enrolled		X	
Please mark the checkbox if no followup data are available for this individual	X		

Did you receive financial support for your M.S./Ph.D. from the following sources?
    NSF LSAMP BD Fellowship
      • Yes
      • No
      Amount
    NSF other grant/fellow
      • Yes
      • No
      Program Name
      Amount
    Institution attending
      • Yes
      • No
      Type of support
        • Grant/Fellowship
        • Assistantship
        • Tuition waiver
        • Loan
        • Other
    Government (federal/state/local)
      • Yes
      • No
      Type of support
        • Grant/Fellowship
        • Assistantship
        • Tuition waiver
        • Loan
        • Other
	X		

Common Collection Categories **Questions**	Staff and Project Participant Characteristics	Project Implementation Characteristics	Project Outputs

Private funding
   • Yes
   • No
   Type of support
      • Grant/Fellowship
      • Assistantship
      • Tuition waiver
      • Loan
      • Other
Other sources (please specify)
   • Yes
   • No
   Amount
No financial support received			

Have you received a post doctorate appointment?
   • Yes
   • No
 	
If yes, please complete the following items
   Date: Month   Year
   Institution
   Department
   Field
			X

Are you currently employed
   • Yes
   • No
			X

When did you begin this job? Month Year			X

Is this job full-time?
   • Yes
   • No
			X

Which of the following categories best describes your employer for this job? (choose one or more)
   • A private, for-profit company, business or individual, paying your wages, salary or commissions
   • A private not-for-profit, tax-exempt or charitable organization
   • Self-employment in own not Incorporated business, professional practice, or farm
   • Self-employment in own incorporated business, professional practice, or farm
   • Local government (e.g., city, county)
   • State government
   • U.S. military service, active duty, or commissioned corps (e.g., USPHS, NOAA)
   • U.S. Government as a civilian employee
   • Other (please specify)
			X

Regarding your employer's main business (i.e., what the employer makes or does), please indicate the single category that best fits the			X

Common Collection Categories **Questions**	Staff and Project Participant Characteristics	Project Implementation Characteristics	Project Outputs
employer's main business. If the employer has more than one type of business, please answer for the type of work primarily performed at the location where you work. • Agriculture, forestry or fishing • Biotechnology • Construction or mining • Education • Finance, insurance, or real estate services • Health services • Information technology or computer services • Other services (e.g., social, legal, business) • Manufacturing • Public administration/government • Research (please specify) • Transportation services, utilities, or communications • Wholesale or retail trade • Other (please specify)			
Position/Job Title (Broad category)			X
Position/Job Title (Specific)			X
Is job STEM related? • Closely related • Somewhat related • Not related			X
Is your employer an educational institution? • Yes • No			X
Type of Educational Institution • Preschool, elementary, or middle school system • Secondary school system • Two-year college, community college, technical institute • Four-year college or university, other than a medical school • Medical school (including university-affiliated hospital or medical center • University-affiliated research institute • Other (please specify)			X
What is your faculty rank? • Professor • Associate professor • Assistant professor • Instructor • Lecturer • Adjunct Faculty • Other (please specify) • Not applicable at the institution • Not applicable for my position			X
What is your tenure status? • Tenured • On tenure track but not tenured • Not on tenure track • Not applicable: no tenure system at this institution			X

Common Collection Categories **Questions**	Staff and Project Participant Characteristics	Project Implementation Characteristics	Project Outputs
• Not applicable: no tenure system for my position			

How were the responses to the questions on this survey obtained?
    • Institutional Records
    • Telephone Interviews
    • Exit Interviews
    • Web surveys
    • Email
    • Paper surveys
    • Other (please specify)
		X	

LSAMP-BD: Number of Respondents, Frequency of Response, and Annual Hour Burden

The estimated average number of annual respondents is 55, with an estimated annual response burden of 2,090 hours. The Web-based data collection is an annual activity of the LSAMP-BD initiative. There are approximately 55 participating institutions. New institutions participating in the LSAMP-BD initiative will be added to the program over the next three years. New institutions are selected to participate in the initiative at approximately the same rate as institutions leave the initiative as their funding expires. The respondents are BD data coordinators. The estimated annual hour burden per respondent was determined by taking the average number of data respondents for each participating BD institution from the previous collection cycles and the actual reported response burden, based on a question in the Web-based data collection system asking how long it takes data respondents to complete the instrument.

The burden estimate is outlined below:

Respondent Type	Estimated Average Annual No. of Respondents	Estimated Average Annual Burden Hours Per Respondent	Estimated Annual Burden Hour Total
BD data coordinators	55	38	2,090
Total	**55**		**2,090**

LSAMP-BD: Hour Burden Estimates by Each Form and Aggregate Hour Burdens

There is only one form. This form accounts for the entire annual response burden of 2,090 hours. The annual burden by form was calculated as follows:

Form Type	Respondent Type	No. of Respondents	Burden Hours Per Respondent	Total Burden Hours
BD data collection form	BD data coordinators	55	38	2,090
Total		**55**		**2,090**

LSAMP-BD: Estimates of Annualized Cost to Respondents for the Hour Burdens

The overall annualized cost to the respondents is estimated to be $87,780. The following table shows the annualized estimate of cost to data coordinator respondents, who are generally university professors. The estimated hourly rate is based on a report from the American Association of University Professors, "Annual Report on the Economic Status of the Profession, 2014-15," *Academe*, March–April 2015, Survey Report Table 4. According to this report, the average salary across all academic ranks and across all types of doctoral-granting institutions (public, private-independent, religiously affiliated) was $87,838. When divided by the number of standard annual work hours (2,080), this calculates to approximately $42 per hour.

Respondent Type	No. of Respondents	Burden Hours Per Respondent	Average Hourly Rate	Estimated Annual Cost
BD data coordinators	55	38	$42	$87,780
Total	**55**			**$87,780**

LSAMP-BD: Estimates of Costs to the Federal Government

Computing the annualized cost to NSF for the LSAMPBD data collection was done by taking the budget for the most recent year and calculating the costs for each of the following operational activities involved in producing, maintaining, and conducting the data collection:

Operational Activities	Cost Over Three Years
System Development (includes initial development of the database and Web-based application, and later changes requested by the program, e.g., increased reporting tools, additional validations)	$148,940
System Maintenance, Updates, and Technical Support (system requires updates each year before opening the collection; maintenance is required to keep the system current with technology, e.g., database servers, operating systems)	$72,345
Data Collection Opening and Support (e.g., online and telephone support to respondents and contacting respondents to encourage completion of the questions), Reporting (as defined by HRD), and Followup Activities (e.g., providing data to other consultants)	$93,649
Three-Year Total for All Operational Activities	**$314,934**

The annualized cost was computed as one-third of the total three-year costs; thus, the annualized cost to NSF for the LSAMP BD data collection is $104,978

BASELINE DATA
Student Name (First, MI, Last)
Previous Name
LSAMP Institution the student was enrolled in
Bachelor's Degree-awarding Institution (if other than the LSAMP institution)
LSAMP Alliance (to which the above LSAMP institution belongs)
Social Security Number (requested/optional)
Student ID at the Institution (requested/optional)

Gender
   • Male
   • Female
   • Not reported

Ethnicity
   • Not Hispanic or Latino
   • Hispanic or Latino
   • Not reported

Race (choose one or more)
   • American Indian or Alaska Native
   • Asian
   • Black or African American
   • Native Hawaiian or Other Pacific Islander
   • White
   • Not reported

Disability
Yes (check yes if any of the following apply):
   • Deaf or serious difficulty hearing
   • Blind or serious difficulty seeing even when wearing glasses
   • Serious difficulty walking or climbing stairs
   • Other serious disability related to a physical, mental, or emotional condition
No
Do not wish to provide

Citizenship
   • U.S. Citizen/U.S. National
   • U.S. Permanent Resident/Green Card holder
   • Other (please specify)

Date of bachelor's degree
     Month
     Year

Undergraduate Major (choose one or more)
   • Agricultural Science
   • Chemistry
   • Computer Science
   • Engineering
   • Environmental Science
   • Geosciences
   • Life/Biological Sciences
   • Mathematics
   • Physics/Astronomy
   • Other (please specify)

Undergraduate GPA

Undergraduate GPA Scale
   • 4 point scale
   • 5 point scale

LSAMP Level I or II Status

GRE Scores
      Verbal Reasoning
      Quantitative Reasoning
      Analytical Writing
 	
Please mark the checkbox if this student did not take the GRE

Date entered the STEM Graduate Program   Month   Year
Date began receiving BD funding   Month   Year
Did this student complete any graduate work before receiving LSAMP BD funding? • Yes • No
Broad Field Area
Field
Degree—Choose Degree • No specific degree or certificate • Post baccalaureate Certificate • Master's (including MBA) • Post Master's Certificate • Doctorate (Ph.D., D.S.C., D.Sc., Ed.D.) • Other professional degree (J.D., L.L.B., Th.D., M.D, DDS. etc.) • Other (please specify)
Date degree awarded   Month   Year
If no prior graduate degrees please provide the number of graduate credits completed prior to receiving LSAMP BD funding
Teaching assistantship awarded prior to receiving LSAMP BD funding? • Yes • No
Research assistantship awarded prior to receiving LSAMP BD funding? • Yes • No
ANNUAL DATA
Graduate Program
Intended Broad Major Area
Intended Major
Intended Degree (choose one or more) • No specific degree or certificate • Post baccalaureate Certificate • Master's (including MBA) • Post Master's Certificate • Doctorate (Ph.D., D.S.C., D.Sc., Ed.D.) • Other professional degree (J.D., L.L.B., Th.D., M.D, D.D.S., etc.) • Other (please specify)

From which of these sources did this student receive financial support during the current reporting period
      NSF LSAMP BD Fellowship
            • Yes
            • No
            Amount
      NSF other grant/fellowship
            • Yes
            • No

Program Name
Amount
Institution attending
   • Yes
   • No
Type of support
   • Grant/Fellowship
   • Assistantship
   • Tuition waiver
   • Loan
   • Other
Government (federal/state/local)
   • Yes
   • No
Type of support
   • Grant/Fellowship
   • Assistantship
   • Tuition waiver
   • Loan
   • Other
Private funding
   • Yes
   • No
Type of support
   • Grant/Fellowship
   • Assistantship
   • Tuition waiver
   • Loan
   • Other
Other sources (please specify)
   • Yes
   • No
Amount
No financial support received

LSAMP-BD Disbursement Method
   • Biweekly
   • Monthly
   • Quarterly
   • By Semester
   • Yearly

Is the LSAMP-BD stipend or payment based on academic performance?
   • Yes
   • No

Did the LSAMP BD funding end for this student during the current reporting period?
   • Yes
No If yes, please provide the date funding ended:
   Month   Year

If the LSAMP BD funding ended, did the student receive funding from other sources during the current reporting period to continue graduate studies (post-LSAMP BD funding)?
   • Yes
   • No

Number of graduate courses credits completed during the current reporting period

Teaching assistantship awarded during the current reporting period
   • Yes
   • No

Research Assistantship awarded during the current reporting period
    • Yes
    • No

Year entered Ph.D. track - (completed 2 years of graduate coursework, equivalent to MA or MS and entered 3rd year of graduate coursework, i.e., post MS and into Ph.D. track):
    • Year
    • Not entered to Ph.D. track

Thesis Proposal - Date Approved:
    Month   Year
    Not applicable; thesis proposal is not required

Master's Degree - Date Awarded: Month   Year
Ph.D. Qualifying Examinations - Date passed: Month   Year
Ph.D. Candidacy - Date Attained: Month   Year
Dissertation Defense - Date Passed: Month   Year
Doctoral Dissertation - Date Approved: Month   Year
Doctoral Degree - Date Awarded: Month   Year

Did the student leave without completing the program during the current reporting period?
    • Yes
    • No

If yes, please provide the date the student left the program: Month   Year

If he or she left, was it to continue Ph.D. elsewhere?
    • Yes
    • No
    • Don't know

If he or she left to continue Ph.D. elsewhere, please provide the transfer date: Month   Year
Transfer institution name
Graduate program at transfer institution
Intended broad major area at transfer institution
Intended major at transfer institution

Intended degree at transfer institution (choose one or more):
    • No specific degree or certificate
    • Post baccalaureate Certificate
    • Master's (including MBA)
    • Post Master's Certificate
    • Doctorate (Ph.D., D.S.C., D.Sc., Ed.D.)
    • Other professional degree (J.D., L.L.B., Th.D., M.D, DDS. etc.)
    • Other (please specify)

Current status at transfer institution:
    • Not yet graduated, but pursuing a doctorate
    • Graduated with a doctorate
        Date graduated from transfer institution:
            Month   Year

• Dropped out
      Date dropped out from transfer institution:
            Month   Year
• Other (please specify)

If the student transferred, how were the responses to the transfer questions obtained? (choose one)
    • Institutional Records
    • Telephone Interviews
    • Exit Interviews
    • Web surveys
    • Email
    • Paper surveys
    • Other (please specify)

Please provide the permanent contact information for this student.
    Student's email address at school
    Student's personal email address
    Address
    City
    State
    Zip Code
    Country
    Phone
    Ext.

Name and address (U.S. postal and e-mail) of a person likely to know how to reach this student after he or she graduates
    Name
    Relationship to this student
    Email address
    Address
    City
    State
    Zip Code
    Country
    Phone
    Ext.

FOLLOWUP DATA

You indicated that you left the BD program. Did you return to complete your graduate studies?
    • Yes
    • No

When did you return to continue your graduate studies?   Month   Year

If you returned to continue your graduate studies, in which program did you enroll? (choose one or more)
    • Post baccalaureate Certificate
    • Master's (including MBA)
    • Post Master's Certificate
    • Doctorate (Ph.D., D.S.C., D.Sc., Ed.D.)
    • Other professional degree (J.D., L.L.B., Th.D., M.D, D.D.S., etc.)
    • Other (please specify)

Graduate program
Intended broad major area
Intended major

Did you return to [student's original institution name]?
    • Yes
    • No

If No, please provide the name of the institution in which you enrolled
Please mark the checkbox if no followup data are available for this individual

Did you receive financial support for your M.S./Ph.D. from the following sources?
       NSF LSAMP BD Fellowship
          • Yes
          • No
          Amount
       NSF other grant/fellow
          • Yes
          • No
          Program Name
          Amount
       Institution attending
          • Yes
          • No
          Type of support
              • Grant/Fellowship
              • Assistantship
              • Tuition waiver
              • Loan
              • Other
       Government (federal/state/local)
          • Yes
          • No
          Type of support
              • Grant/Fellowship
              • Assistantship
              • Tuition waiver
              • Loan
              • Other
       Private funding
          • Yes
          • No
          Type of support
              • Grant/Fellowship
              • Assistantship
              • Tuition waiver
              • Loan
              • Other
       Other sources (please specify)
          • Yes
          • No
          Amount
       No financial support received

Have you received a post doctorate appointment?
    • Yes
    • No
 	
If yes, please complete the following items
       Date: Month   Year
       Institution
       Department
       Field

Are you currently employed
    • Yes
    • No

When did you begin this job?   Month   Year

Is this job full-time?
    • Yes
    • No

Which of the following categories best describes your employer for this job? (choose one or more)
    • A private, for-profit company, business or individual, paying your wages, salary or commissions
    • A private not-for-profit, tax-exempt or charitable organization
    • Self-employment in own not Incorporated business, professional practice, or farm
    • Self-employment in own incorporated business, professional practice, or farm
    • Local government (e.g., city, county)
    • State government
    • U.S. military service, active duty, or commissioned corps (e.g., USPHS, NOAA)
    • U.S. Government as a civilian employee
    • Other (please specify)

Regarding your employer's main business (i.e., what the employer makes or does), please indicate the single category that best fits the employer's main business. If the employer has more than one type of business, please answer for the type of work primarily performed at the location where you work.
    • Agriculture, forestry or fishing
    • Biotechnology
    • Construction or mining
    • Education
    • Finance, insurance, or real estate services
    • Health services
    • Information technology or computer services
    • Other services (e.g., social, legal, business)
    • Manufacturing
    • Public administration/government
    • Research (please specify)
    • Transportation services, utilities, or communications
    • Wholesale or retail trade
    • Other (please specify)

Position/Job Title (Broad category)
Position/Job Title (Specific)

Is job STEM related?
    • Closely related
    • Somewhat related
    • Not related

Is your employer an educational institution?
    • Yes
    • No

Type of Educational Institution
    • Preschool, elementary, or middle school system
    • Secondary school system
    • Two-year college, community college, technical institute
    • Four-year college or university, other than a medical school
    • Medical school (including university-affiliated hospital or medical center
    • University-affiliated research institute
    • Other (please specify)

What is your faculty rank?   • Professor

• Associate professor • Assistant professor • Instructor • Lecturer • Adjunct Faculty • Other (please specify) • Not applicable at the institution • Not applicable for my position
What is your tenure status? • Tenured • On tenure track but not tenured • Not on tenure track • Not applicable: no tenure system at this institution • Not applicable: no tenure system for my position
How were the responses to the questions on this survey obtained? • Institutional Records • Telephone Interviews • Exit Interviews • Web surveys • Email • Paper surveys • Other (please specify)