

## COMMUNITY COLLEGE SUMMER ENRICHMENT PROGRAM (CCSEP) - ALUMNI UPDATE

OMB Clearance Number: 0925-0299

Expiration Date: 30-Jun-2019

**First Name (Given Name):\***

**Last Name (Family Name):\***

**Email Address (one that you check regularly):\***

(check accuracy)

**What Year(s) did you participate in CCSEP?**

search here
<input type="checkbox"/> 2022
<input type="checkbox"/> 2021
<input type="checkbox"/> 2020
<input type="checkbox"/> 2019
0 of 13 selected [ show selected ] [ show all ]

### COMMUNITY COLLEGE INFORMATION

**Community College - Name:**

(complete name, no acronyms)

**Community College - Academic Major:**

**Community College - Degree (anticipated or awarded):**

**Community College - Graduation Date (anticipated or awarded):**

### UNDERGRADUATE UNIVERSITY INFORMATION

(complete these fields if applicable to you)

**Undergraduate University - Name:**

(complete name, no acronyms)

**Undergraduate University - Academic Major:**

**Undergraduate University - Degree (anticipated or awarded):**

**Undergraduate University - Graduation Date (anticipated or awarded):**

### GRADUATE UNIVERSITY INFORMATION

(complete these fields if applicable to you)

**Graduate University – Name:**

(complete name, no acronyms)

**Graduate University – Academic Major**

**Graduate University – Degree (anticipated or awarded):**

**Graduate University – Graduation Date (anticipated or awarded):**

**RESEARCH EXPERIENCE INFORMATION**

**Have you received any additional research experience after your CCSEP internship ended?**

(e.g. summer research internship, NIH Postbac, etc...)

**Have you participated in any other OITE programs?**

**Which OITE programs did you participate?**

**Do you have any peer-reviewed publication(s)?**

**Provide the citation in APA format:**

**CAREER DEVELOPMENT**

**What is your current professional status?**

(example: enrolled in a degree program, seeking enrollment in a degree program, employed, seeking employment)

**If enrolled in a degree program, what is the name of the program?**

**If enrolled in a degree program, what degree are you pursuing?**

**If employed, what is the name of your employer?**

**If employed, what is your job title?**

Submit Survey

Cancel

Collection of this information is authorized by The Public Health Service Act, Section 410 (42 USC 285). Rights of 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. 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 participants and reported as summaries.

Public reporting burden for this collection of information is estimated to average 10 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 (0925-0299). Do not return the completed form to this address.

