

**Attachment C2**

**LSAMP-BD Monitoring System Screenshots**

Note: Screenshots may include test data to demonstrate full system functionality. Test data does not include actual PII.



## Welcome

Welcome to LSAMP BD Web, the online data reporting system for the Louis Stokes Alliances for Minority Participation Bridge to the Doctorate Initiative. LSAMP BD Web allows you to provide the National Science Foundation (NSF) with reliable annual data.

[Login](#) [Register](#) [Forgot Password](#)

To enter LSAMP BD Web, please enter your institution's unique user ID and password in the boxes below and click on Login.

User ID   
Password

[Password trouble?](#)

**Note:** Passwords are case-sensitive

Having Trouble Logging In? Please [email](#) us or call toll free at 1-800-610-6364

### LSAMP BD INITIATIVE DESCRIPTION

The LSAMP BD Initiative funds the initial 2 years of graduate study at LSAMP Alliance institutions. This activity will broaden participation through the attraction of underrepresented minority students in science, technology, engineering, and mathematics (STEM) disciplines.

### SURVEY PRIVACY

The Federal Government has a continuing commitment to monitor its awards to identify and address any inequities based on gender, race, ethnicity, or disability of the principal investigators (PIs), co-PIs, trainees, or other participants.

Information from this data collection system will be retained by the NSF, a Federal agency, and will be an integral part of its Privacy Act System of Records in accordance with the Privacy Act of 1974 and maintained in the Education and Training System of Records 63 Fed. Reg. 264, 272 (January 5, 1998). All individually identifiable information supplied by individuals or institutions to a Federal agency may be used only for the purposes outlined in the system of records notice and may not be disclosed or used in identifiable form for any other purpose, unless otherwise compelled by law. These are confidential files accessible only to appropriate NSF officials, their staffs, and their contractors responsible for monitoring, assessing, and evaluating NSF programs. Only data in highly aggregated form or data explicitly requested "for general use" will be made available to anyone outside of NSF for research purposes. Data submitted will be used in accordance with criteria established by NSF for monitoring research and education grants, and in response to Public Law 99-383 and 42 USC 1885c. The Social Security number (SSN) will be maintained in accordance with the requirements of the Privacy Act of 1974. Submission of the SSN is voluntary. It is used for survey quality control, program evaluation, and matching with other data sets maintained in the Education and Training System of Records 63 Fed. Reg. 264, 272 (January 5, 1998).

[NSF Privacy Policy](#)

### PUBLIC BURDEN

Submission of the requested information is voluntary. Failure to provide full and complete information, however, may reduce the possibility for continuing support through the award/project subject to this survey. Pursuant to 5 CFR 1320.5(b), an agency may not conduct or sponsor, and a person is not required to respond to, an information collection unless it displays a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 3145-0226. The annual public reporting burden for this collection of information is estimated to average 13 hours per award, including the time for reviewing instructions. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Suzanne Plimpton, Reports Clearance Officer for OMB Collection 3145-0226 (LSAMP Program), National Science Foundation, 4201 Wilson Blvd., Rm. 295, Arlington, VA 22230.

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OMB# 3145-0226  
LSAMP Program  
Expires: 4/30/2019



LEGEND

- = Please Complete
- = OK
- = Please Review
- = Please Correct

Academic Year: 2015–2016

ZQRC Test University YZ | [Update Password](#) | [Logout](#)

Welcome

1. Respondent Contact Info

2. Student Data

3. Final Submit BD Survey

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[Main Menu](#) » [BD Students](#) » [Student Menu](#) » Baseline Data

**Baseline Data**

STUDENT: WILLOW HUMENIK

**Previous name**

(If the student's last name has changed since attaining the baccalaureate degree)

**LSAMP institution** (in which the student was enrolled)

Adams State College

**Bachelor's degree-awarding institution** (if other than the LSAMP institution above)

**LSAMP alliance** (to which the above LSAMP institution belongs)

**Social Security number** (requested/optional)

**Student ID at the Institution**

**Gender**

- Male  Female  Not reported

**Ethnicity**

**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 Status:**

- 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**

-- Choose one ▼

If "Other" is selected, please specify:

**Date of bachelor's degree**

Month: -- Choose one ▼ Year: -- Choose one ▼

**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**

- Level I
- Level II

**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: -- Choose one ▼ Year: -- Choose one ▼

---

**Date began receiving BD funding**

Month: -- Choose one ▼ Year: -- Choose one ▼

---

**Graduate work prior to receiving LSAMP BD funding**

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**Did this student complete any graduate work before receiving LSAMP BD funding?**

- Yes  
 No

---

**If yes, please provide the following data:**

**Broad field area**

-- Choose one -- ▼ [Help finding a field](#)

If "Other" is selected, please specify:

**Field**

-- Choose one -- ▼

**Degree**

-- Choose Degree -- ▼

If "Other" is selected, please specify:

**Date degree awarded**

Month: -- Choose one ▼ Year: -- Choose one ▼

**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

---



LEGEND

= Please Complete    = Please Review  
 = OK    = Please Correct

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OMB# 3145-0226  
LSAMP Program  
Expires: 4/30/2019

[Main Menu](#) » [BD Students](#) » [Student Menu](#) » Annual Data

### Annual Data

#### Student Name (First, MI, Last)

#### Graduate program

#### Intended broad major area

-- Choose one -- [Help finding a major](#)

If "Other" is selected, please specify:

#### Intended major

#### Intended degree (choose one or more)

- No specific degree or certificate
- Postbaccalaureate certificate
- Master's (including M.B.A.)
- 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    Amount:

Program name:

-- Choose one --

If "Other NSF Program" is selected, please specify:

Institution attending     Yes     No    Type of support:

**Government (federal/state/local)**  Yes  No Type of support: -- Choose one ▼

**Private funding**  Yes  No Type of support: -- Choose one ▼

**Other source**  Yes  No Amount: 0  
Please specify:

**No financial support received**

---

**LSAMP-BD Disbursement method**

-- Choose one ▼

---

**Is the LSAMP-BD stipend or payment based on academic performance?**

Yes  
 No

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**Did the LSAMP BD funding end for this student during the current reporting period (Academic Year: 2015–2016)?**

Yes  
 No

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**If yes, please provide the date that LSAMP-BD funding ended.**

Month: -- Choose one ▼ Year: -- Choose one ▼

---

**If LSAMP-BD funding ended, did the student receive funding from other sources during the current reporting period (Academic Year: 2015–2016) to continue graduate studies (post-LSAMP-BD funding)?**

Yes  
 No

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**Number of graduate course credits completed during the current reporting period (Academic Year: 2015–2016)**

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**Teaching assistantship awarded during the current reporting period (Academic Year: 2015–2016)**

Yes  
 No

---

**Research assistantship awarded during the current reporting period (Academic Year: 2015–2016)**

Yes  
 No

---

**Year entered Ph.D. track (please use the definition below)**

(completed 2 years of graduate coursework, equivalent to M.A. or M.S. and entered third year of graduate coursework, i.e., post M.S. and into Ph.D. track)

-- Choose one ▼

**Thesis proposal - date approved**

Month: -- Choose one ▼ Year: -- Choose one ▼

Not applicable; thesis proposal is not required

**Master's degree - date awarded**

Month: -- Choose one ▼ Year: -- Choose one ▼

**Ph.D. qualifying examinations - date passed**

Month: -- Choose one ▼ Year: -- Choose one ▼

**Ph.D. candidacy - date attained**

Month: -- Choose one ▼ Year: -- Choose one ▼

**Dissertation defense - date passed**

Month: -- Choose one ▼ Year: -- Choose one ▼

**Doctoral dissertation - date approved**

Month: -- Choose one ▼ Year: -- Choose one ▼

**Doctoral degree - date awarded**

Month: -- Choose one ▼ Year: -- Choose one ▼

**Did the student leave without completing the program during the current reporting period (Academic Year: 2015–2016)?**

- Yes
- No

**If yes, provide the date the student left the program**

Month: -- Choose one ▼ Year: -- Choose one ▼

**If he or she left, was it to continue the Ph.D. elsewhere?**

- Yes
- No
- Do not know

**If yes, please provide the following information:**

**Transfer date** Month: -- Choose one ▼ Year: -- Choose one ▼

**Transfer Institution name**

**Graduate program at transfer institution**

**Intended broad major area at transfer institution**  
 [Help finding a major](#)

If "Other" is selected, please specify:



**Intended major at transfer institution**

-- Choose one ▼

**Intended degree at transfer institution** (choose one or more)

- No specific degree or certificate
- Postbaccalaureate certificate
- Master's (including M.B.A.)
- 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):

**Current status at transfer institution**

- Not yet graduated, but pursuing a doctorate
- Graduated with a doctorate

Date graduated from the transfer institution:

Month: -- Choose one ▼ Year: -- Choose one ▼

- Dropped out

Date dropped out from the transfer institution:

Month: -- Choose one ▼ Year: -- Choose one ▼

- Other (please explain):

**If the student transferred, how were the responses to the transfer questions obtained?  
Please choose one answer:**

- Institutional Records (existing records in the Program, Department, School, Institutional Research Office, etc.)
- Telephone Interviews
- Exit interviews
- Email
- Web surveys
- Paper survey
- Other (please specify):

**Permanent Contact Information**

Please provide the permanent contact information for this student.

**Student's e-mail address at school**

**Student's personal e-mail address**

(other than his or her current school address, if available)

**Address**

**City**

**State**

(If address is not in the United States, select "Non-U.S.")

Choose one ▼

**ZIP Code**

**Country**

**Phone** (xxx-xxx-xxxx) **Ext.**

 

**Other Contact Information**

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**

**E-mail address**

**Address**

**City**

**State**

(If address is not in the United States, select "Non-U.S.")

Choose one ▼

**ZIP Code**

**Country**

**Phone** (xxx-xxx-xxxx) **Ext.**

 

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Save

Cancel



LEGEND

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OMB# 3145-0226  
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[Main Menu](#) » [BD Students](#) » Followup Data

### Followup Data

**NOTE:** In the questions below, "you" refers to the individual for whom the followup data are being provided.

NAME: JOHN D. DOE

Please mark the checkbox if no followup data are available for this individual. If you select this checkbox, you will need to provide a detailed waiver request for each student that you are unable to provide additional information.

**NOTE:** You will be unable to final submit until we receive a waiver from NSF to allow final submission. [More.](#)

#### 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/fellowship**     Yes     No    Amount:

Program name:

-- Choose one ▼

If "Other NSF Program" is selected, please specify:

**Institution attending**     Yes     No    Type of support:  
-- Choose one ▼

**Government (federal/state/local)**     Yes     No    Type of support:  
-- Choose one ▼

**Private funding**     Yes     No    Type of support:  
-- Choose one ▼

**Other source**     Yes     No    Amount:

Please specify:

**No financial support received**

### Postdoctorate appointment

Have you received a postdoctorate appointment?

- Yes  
 No

If yes, please complete the following items:

Date Month: -- Choose one ▼ Year: -- Choose one ▼

Institution

Department

Field

### Current Employment

Are you currently employed?

- Yes  
 No

If yes, please answer the following questions about your main job:

When did you begin this job?

Month: -- Choose one ▼ Year: -- Choose one ▼

Is this job fulltime?

- Yes  
 No

### Employer type

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 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):

### Employment sector

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.

-- Choose one ▼

If "Research" or "Other" is selected, please specify:

**Position/job title (broad category)**

--Choose one ▼

[Help finding a job title](#)

If "Other" is selected, please specify:

**Position/job title (specific)**

▼

**Is this job STEM related?**

--Choose one ▼

**Work in Education**

**Is your employer an educational institution?**

- Yes
- No

**If yes, answer the following questions:**

**Type of educational institution**

--Choose one ▼

If "Other" is selected, please specify:

**If your institution is a college or university, please answer the following questions:**

**What is your faculty rank**

--Choose one ▼

If "Other" is selected, please specify:

**What is your tenure status**

--Choose one ▼

**Data Capture Method**

**How were the responses to the questions on the follow up survey obtained?--(choose one answer)**

- Institutional Records (existing records in the Program, Department, School, Institutional Research Office, etc.)
- Telephone Interviews
- Exit interviews
- Email
- Web surveys
- Paper survey
- Other (please specify):

**Acronym Description**

IGERT	Integrative Graduate Education and Research Traineeship Program
GRFP	Graduate Research Fellowship Program
S-STEM	NSF Scholarships in Science, Technology, Engineering, and Mathematics
GK-12	NSF Graduate STEM Fellows in K-12 Education
IRES	Developing Global Scientists and Engineers International Research Experiences for Students
DDEP	Developing Global Sciences and Engineers Doctoral Dissertation Enhancement Projects
EAPSI	East Asia and Pacific Summer Institutes for U.S. Graduate Students
UICRP	University-Industry Cooperative Research Programs in the Mathematical Sciences



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 December 27, 2016

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**Followup Data**

**NOTE:** In the questions below, "you" refers to the individual for whom the followup data are being provided.

NAME: JOHN D. DOE

**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 yes, in which program did you enroll?** (choose one or more)

- Postbaccalaureate certificate
- Master's (including M.B.A.)
- 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**

[Help finding a major](#)

If "Other" is selected, please specify:

**Intended major**

**Did you return to ZQRC Test University YZ ?**

- 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. If you select this checkbox, you will need to provide a detailed waiver request for each student that you are unable to provide additional information.

**NOTE:** You will be unable to final submit until we receive a waiver from NSF to allow final submission. [More.](#)

**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/fellowship**     Yes     No    Amount:

Program name:

-- Choose one ▼

If "Other NSF Program" is selected, please specify:

**Institution attending**     Yes     No    Type of support:  
-- Choose one ▼

**Government (federal/state/local)**     Yes     No    Type of support:  
-- Choose one ▼

**Private funding**     Yes     No    Type of support:  
-- Choose one ▼

**Other source**     Yes     No    Amount:

Please specify:

**No financial support received**

**Postdoctorate appointment**

**Have you received a postdoctorate appointment?**

Yes  
 No

**If yes, please complete the following items:**

**Date**    Month: -- Choose one ▼    Year: -- Choose one ▼

**Institution**

**Department**

**Field**

## Current Employment

### Are you currently employed?

- Yes  
 No

### If yes, please answer the following questions about your main job:

#### When did you begin this job?

Month:  Year:

#### Is this job fulltime?

- Yes  
 No

### Employer type

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 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):

### Employment sector

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.

If "Research" or "Other" is selected, please specify:

### Position/job title (broad category)

[Help finding a job title.](#)

If "Other" is selected, please specify:

### Position/job title (specific)

### Is this job STEM related?



## Work in Education

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Is your employer an educational institution?

- Yes  
 No

---

If yes, answer the following questions:

Type of educational institution

--Choose one ▾

If "Other" is selected, please specify:

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If your institution is a college or university, please answer the following questions:

What is your faculty rank

--Choose one ▾

If "Other" is selected, please specify:

What is your tenure status

--Choose one ▾

## Data Capture Method

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How were the responses to the questions on the follow up survey obtained?--(choose one answer)

- Institutional Records (existing records in the Program, Department, School, Institutional Research Office, etc.)  
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 Other (please specify):

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IRES	Developing Global Scientists and Engineers International Research Experiences for Students
DDEP	Developing Global Sciences and Engineers Doctoral Dissertation Enhancement Projects
EAPSI	East Asia and Pacific Summer Institutes for U.S. Graduate Students
UICRP	University-Industry Cooperative Research Programs in the Mathematical Sciences

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