**Attachment C1**

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

**Monitoring System**

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# LSAMP-BD: Crosswalk

Highlighted in blue are items which will be discontinued during the period of the renewal.

Highlighted in yellow are proposed new items.

Highlighted in grey are item wordings which NSF proposes, with OMB approval, to change. Previous text is marked with ~~strikethrough~~.

| **Common Collection Categories**  **Questions** | **Staff and Project Participant Characteristics[[1]](#footnote-2)** | **Project Implementation**  **Characteristics[[2]](#footnote-3)** | **Project Outputs[[3]](#footnote-4)** |
| --- | --- | --- | --- |
| **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  Year | X |  |  |
| 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 | X |  |  |
| 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 | X |  |  |
| 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 funding?   * Yes * No | X |  |  |
| 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   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 |  | X |  |
| 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 | X |
| Research Assistantship awarded during the current reporting period   * Yes * No |  | X | X |
| 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 |  |  | X |
| 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 |
| You have entered a year for passing qualifying examinations that is later than the year entered Ph.D. track. Please provide an explanation:  Department allows Ph.D. entry before qualifying exams (i.e., Fast-Track programs)  Other (please specify) |  |  | 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 * Graduated with a doctorate   Date graduated from transfer institution:  Month Year   * Dropped out   Date dropped out from transfer institution:  Month Year   * Other (please specify) |  | X |  |
| 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 |  |
| 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   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 |  | X |  |
| 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 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) |  |  | X |
| Position/Job Title (Broad category)  **NSF proposes to add the following item response categories**   * Biologist * Chemist * Computer Scientist * Data Scientist * Engineer * Information/Cyber Security Analyst * Physicist * Statistician * Software Developer * Research Associate * Lab Technician * Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Unknown |  |  | 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 * Not applicable: no tenure system for my position |  |  | X |
| 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 53, with an estimated annual response burden of 530 hours. The Web-based data collection is an annual activity of the LSAMP-BD initiative. Respondents are BD data coordinators; generally, one data coordinator per site completes the questionnaire. The estimated annual hour burden per respondent was determined using the burden information reported by respondents from the last two collection cycles.

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 | 53 | 10 | 530 |
| **Total** | **53** |  | **530** |

# 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 530 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 | 53 | 10 | 530 |
| **Total** |  | **53** |  | **530** |

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

The overall annualized cost to the respondents is estimated to be $28,090. 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, “The Annual Report on the Economic Status of the Profession, 2020-2021,” Survey Report Table 1. According to this [report](https://www.aaup.org/file/AAUP_ARES_2020-21.pdf), the average salary across all academic ranks and across all types of doctoral-granting institutions (public, private-independent, religiously affiliated) was $109,428. When divided by the number of standard annual work hours (2,080), this calculates to approximately $53 per hour.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Respondent Type** | **No. of Respondents** | **Burden Hours Per Respondent** | **Average Hourly Rate** | **Estimated Annual Cost** | |
| BD data coordinators | 53 | 10 | $53 | | $28,090 |
| **Total** | **53** |  |  | | **$28,090** |

# LSAMP-BD: Estimates of Costs to the Federal Government

Computing the annualized cost to NSF for the LSAMP-BD data collection was done by taking the projected budget for the next three years and calculating the cost 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) | $141,742 |
| 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) | $255,136 |
| 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 Follow-up Activities (e.g., providing data to other consultants) | $170,090 |
| **Three-Year Total for All Operational Activities** | $566,968 |

The annualized cost was computed as one-third of the total three-year cost; thus, the annualized cost to NSF for the LSAMP-BD data collection is $188,989.

# LSAMP-BD: Questions

Highlighted in blue are items which will be discontinued during the period of the renewal.

Highlighted in yellow are proposed new items.

Highlighted in grey are item wordings which NSF proposes, with OMB approval, to change. Previous text is marked with ~~strikethrough~~.

|  |
| --- |
| **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 |
| 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 |
| You have entered a year for passing qualifying examinations that is later than the year entered Ph.D. track. Please provide an explanation:  Department allows Ph.D. entry before qualifying exams (i.e., Fast-Track programs)  Other (please specify) |
| 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)  **NSF proposes to add the following item response categories**   * Biologist * Chemist * Computer Scientist * Data Scientist * Engineer * Information/Cyber Security Analyst * Physicist * Statistician * Software Developer * Research Associate * Lab Technician * Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Unknown |
| 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) |

1. Elements of these characteristics include name, address, date of birth, gender, ethnicity, race, disability status, class, major, grade point average, and project role. [↑](#footnote-ref-2)
2. Elements of these characteristics include sources and amount of funds, fellowships, scholarships, traineeships, partnerships, training, and research methods. [↑](#footnote-ref-3)
3. Elements of these characteristics include research findings, publications, presentations, degrees granted, and educational materials. [↑](#footnote-ref-4)