

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.

	r LSAMP BD W elow and click		ur institution's unique user ID and password i	n the
	User ID			
	Password			
			Login	
Passy	vord trouble?			
Note:	Passwords are	e case-sensitive		

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.

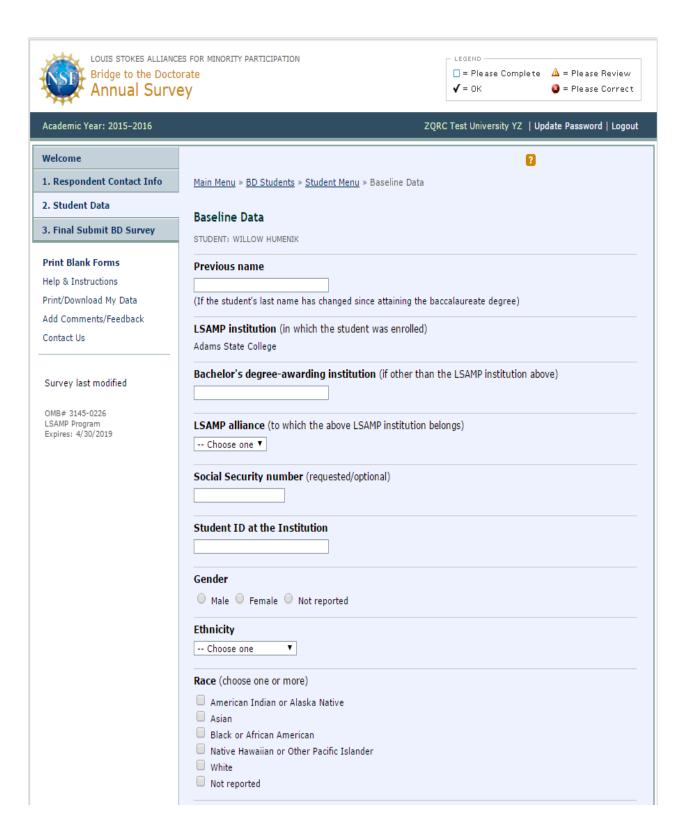
Information from this data collection system will be retained by the NSF, a Federal agency, and will be an integral part of its Privacy Act System of Records in accordance with the Privacy Act of 1974 and maintained in the Education and Training System of Records 63 Fed. Reg. 264, 272 (January 5, 1998). 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 well" 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

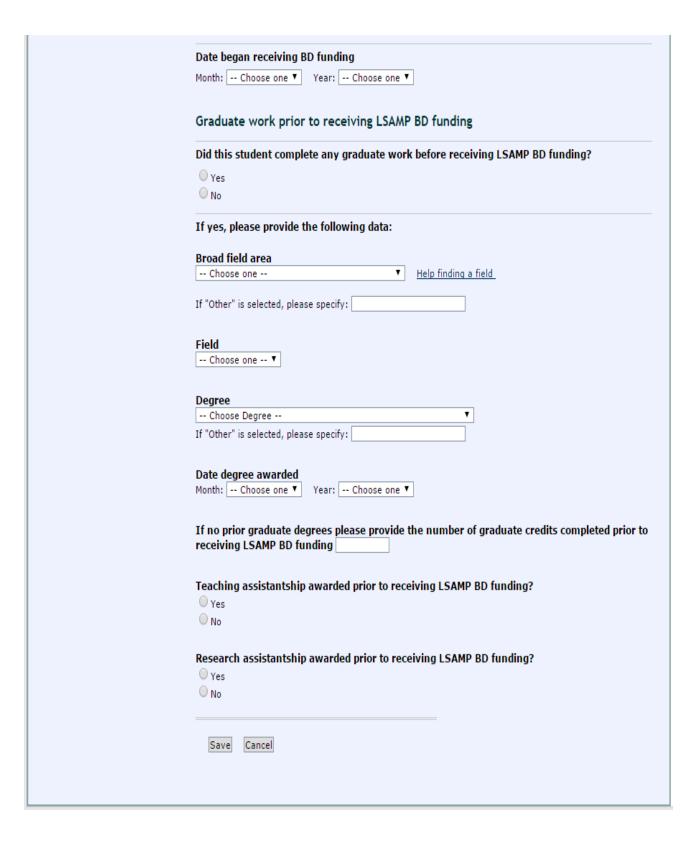
PUBLIC BURDEN

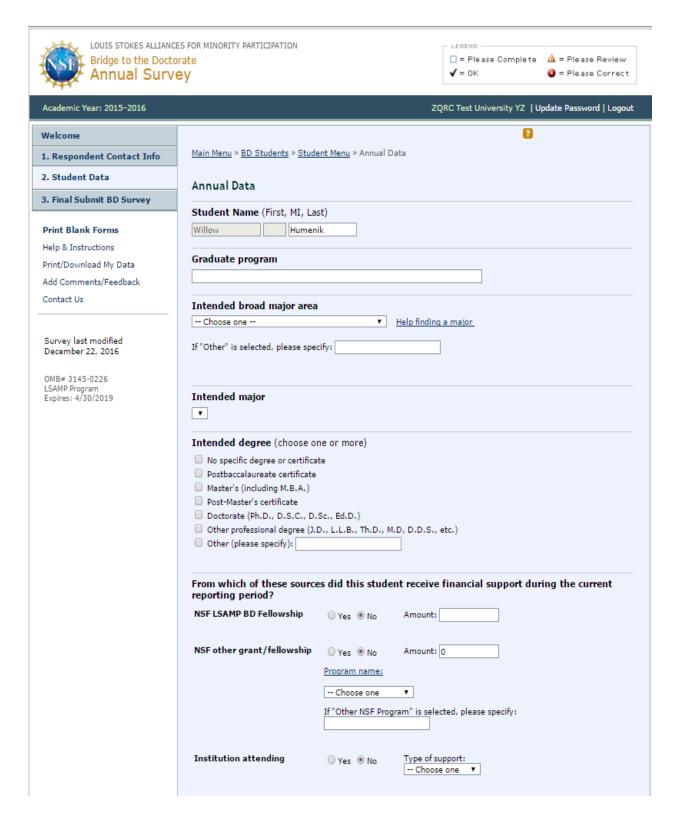
Submission of the requested information is voluntary. Failure to provide full and complete information, however, may reduce the possibility for continuing support through the award/project subject to this survey. Pursuant to 5 CFR 1320.5(b), an agency may not conduct or sponsor, and a person is not required 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.

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



Disability Status:
Veg (check yes if any of the following apply)
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
O 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 ▼
Understand the service (decree on the service)
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
/erbal 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 ▼



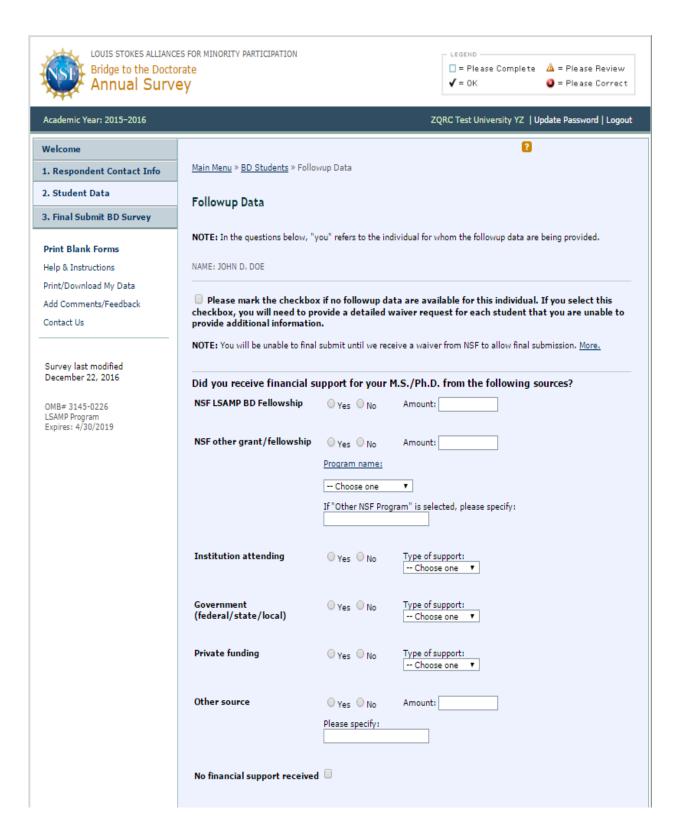


Government (federal/state/local)	O Yes No	Type of support: Choose one ▼
Private funding	O Yes No	Type of support: Choose one ▼
Other source	Yes No	Amount: 0
No financial support receiv	ed 🔲	
LSAMP-BD Disbursement Choose one ▼	method	
Is the LSAMP-BD stipend	or payment base	d on academic performance?
Yes No		
Did the LSAMP BD funding (Academic Year: 2015-2		ident during the current reporting period
○ Yes		
No		
		ent receive funding from other sources during th 2015–2016) to continue graduate studies (post-
Yes No		
Number of graduate cour Year: 2015–2016)	se credits comple	ted during the current reporting period (Acaden
Teaching assistantship a 2016)	warded during th	e current reporting period (Academic Year: 2015
O Yes		
● No		
Research assistantship at 2016)	warded during the	e current reporting period (Academic Year: 2015
○ Yes		
No		
Year entered Ph.D. track	(please use the d	efinition below)
(completed 2 years of graduate coursework, i.e., post M.S. and		ent to M.A. or M.S. and entered third year of graduate
		ent to M.A. or M.S. and entered third year of graduate



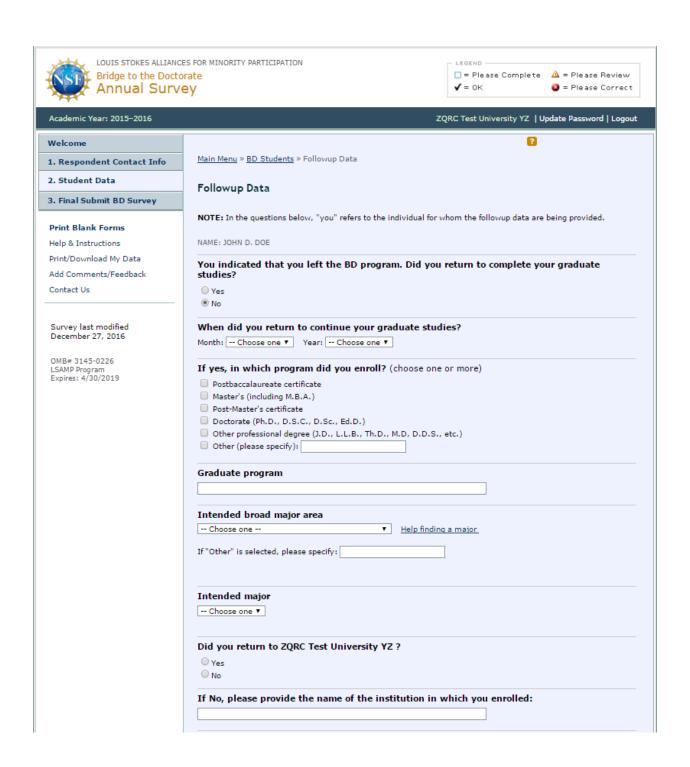
	ransfer institution
Choose one	▼.
Intended degree at	transfer institution (choose one or more)
No specific degree or	
Postbaccalaureate ce	
Master's (including M	
Post-Master's certific	·
Doctorate (Ph.D., D.	
	egree (J.D., L.L.B., Th.D., M.D, D.D.S., etc.)
Other (please specify	
Current status at tra	ansfer institution
O Not yet graduated, b	out pursuing a doctorate
Graduated with a do	ctorate
Date graduated fron	n the transfer institution:
Month: Choose or	ne ▼ Year: Choose one ▼
O Dropped out	
Date dropped out fro	om the transfer institution:
Month: Choose or	ne ▼ Year: Choose one ▼
Other (please explain	7):
Telephone Interviews	(existing records in the Program, Department, School, Institutional Research Office, et
Exit interviews	
O Email	
O Web surveys	
O Paper survey	,
Other (please specify):
Permanent Contac	ct Information
Dlassa provida the porm	anent contact information for this student.
Student's e-mail ad	dress at school
Student's e-mail ad	
Student's personal o	e-mail address rrent school address, if available)
(other than his or her cur	
(other than his or her cur	

2	State If address is not in the United States, select "Non-U.S.") Choose one
Z	ZIP Code
	Country
	Phone (xxx-xxx-xxxx) Ext.
	Other Contact Information
N c	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
<u> </u>	City
)	State If address is not in the United States, select "Non-U.S.") Choose one
Z	ZIP Code
	Country
F [Phone (xxx-xxx-xxxx) Ext.
	Save Cancel



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
riciu
Current Employment
Are you currently employed?
Yes
○ No
If yes, please answer the following questions about your main job:
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:	
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)	
O Institutional Records (existing records in the Program, Department, School, Institutional Research Office, etc.)	
O Telephone Interviews	
© Exit interviews	
○ Email	
○ Web surveys	
O 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	



Please mark the checkbo checkbox, you will need to p provide additional informatio	rovide a detailed v	ata are available for this ind vaiver request for each stu	lividual. If you select this dent that you are unable to
NOTE: You will be unable to fina	l submit until we rec	eive a waiver from NSF to allo	w final submission. <u>More.</u>
Did you receive financial s	support for your I	M.S./Ph.D. from the follo	wing sources?
NSF LSAMP BD Fellowship	O Yes No	Amount: 0	
NSF other grant/fellowship	O Yes No	Amount: 0	
	Program name:		
	Choose one	•	_
	If "Other NSF Prog	gram" is selected, please speci	fy:
Institution attending	○ Yes ● No	Type of support: Choose one 🔻	
Government (federal/state/local)	O Yes No	Type of support: Choose one 🔻	
Private funding	O Yes No	Type of support: Choose one 🔻	
Other source	O Yes No	Amount: 0	
	Please specify:		
No financial support received	d 		
Postdoctorate appointm	ent		
Have you received a postd	octorate appoint	ment?	
O Yes No			
If yes, please complete the	e following items	s:	
Date Month: Choo	se one ▼ Year:	- Choose one ▼	
Institution			
Department			
Field			

Are you cur	rently employed?
Yes Yes	rently employed.
O No	
O NO	
	se answer the following questions about your main job:
	ou begin this job? oose one ▼ Year: Choose one ▼
Is this job f	fulltime?
Yes	
○ No	
Employer ty	/pe
Which of the fo (choose one o	ollowing categories best describes your employer for this job? r more)
A private,	for-profit company, business, or individual paying wages, salary, or commissions
	not-for-profit, tax-exempt, or charitable organization
_	oyment in own not incorporated business, professional practice, or farm
_	oyment in own incorporated business, professional practice, or farm
_	ernment (e.g., city, county)
State gov	
_	ary service, active duty, or commissioned corps (e.g., USPHS, NOAA)
	ernment as a civilian employee
Other (ple	
Employmen	t sector
category that	or employer's main business (i.e., what the employer makes or does), please indicate the single best fits the employer's main business. If the employer has more than one type of business, please type of work primarily performed at the location where you work.
Choose one	<u> </u>
If "Research"	or "Other" is selected, please specify:
Position/jo	b title (broad category)
Choose one	▼ Help finding a job title
If "Other" is s	elected, please specify:
Position/jo	b title (specific)
Te this job	STEM related?
15 (1115 100)	FILL FEMALUA.

Is your	employer an educational institution?
Yes	
O No	
If yes,	answer the following questions:
Type of	f educational institution
Choos	e one T
If "Other	" is selected, please specify:
If your	institution is a college or university, please answer the following questions:
	s your faculty rank
Choos	
If "Other	" is selected, please specify:
What is	s your tenure status
	apture Method
Data C	apture Method ere the responses to the questions on the follow up survey obtained?–(choose
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