

## GRADUATE DATA SCIENCE SUMMER PROGRAM (GDSSP) - ALUMNI TRACKING

OMB Clearance Number: 0925-0299

Expiration Date: 30-Jun-2022

### GENERAL INFORMATION

First Name (Forename; Given Name):

Last Name (Surname; Family Name):

Personal Email Address (check accuracy):

Permanent Phone Number (check accuracy):

### GDSSP PARTICIPATION INFORMATION

GDSSP Participation Year:

NIH Institute-Center:

NIH Campus Location:

NIH Investigator:

What was the most helpful thing you learned from your internship at NIH?

### MASTER UNIVERSITY INFORMATION

MS Degree - University Name:

MS Degree - School / College / Program Name:

MS Degree - Start State

MS Degree - Graduation Date:

MS Degree - Thesis or Capstone Project Title:

### GRADUATE UNIVERSITY

Complete if you were or are enrolled in a Doctoral Degree program.

**Graduate University**

**Graduate School / College Name:**

**Graduate University Start Date:**

  

**Graduate University Graduation Date:**

  

**Graduate Degree Awarded:**

**Graduate Dissertation Title:**

### CAREER DEVELOPMENT

**What is your current professional status?**

**Which programs have you applied for admission?**

**Which programs have you been awarded?**

**What is your long-term career goal (5-years or 10-years beyond graduation):**

[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 30 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.

