

**Five-Year Post-Graduation Survey**

Oct. '97, Feb. '98, May '98 Doctoral Degree Recipient

365 Fifth Avenue, New York, NY 10016-4309

Doctoral Program in _____

Dissertation Advisor: _____

Name: _____ **Survey ID Number: To Be Assigned***Please enter your home address info*Address: _____

City, State & Zip: _____

Country: _____ Home Fax: _____

Home Phone: _____ Home Mobile: _____

Home E-mail: _____

Please enter your business address info

Job Title: _____

Employer: _____

Address: _____

City, State & Zip: _____

Country: _____ Business Fax: _____

Business Phone: _____ Business Mobile: _____

Business E-mail: _____

Is your primary employment:

Full-Time ___ Part-Time ___ Not Currently Employed ___?

Does this employment utilize your doctoral training?

Yes ___ No ___

Which sector best describes your primary employer? (choose one)

Education ___ Industry/Business ___ Government ___ Nonprofit ___ Other (specify) _____

*If you selected Education, please complete the questions below.***1. What best describes the education institution you work for?**

US 4-year college/university ___ US medical school ___

US junior or community ___ US elementary/secondary ___

Other (specify) _____

2. What is your rank at the education institution you work for?

Lecturer/Instructor ___ Asst. Professor ___ Assoc. Professor ___

Professor ___ Administration ___ Postdoc ___

Other (specify) _____

3. Is this a tenure-track position? Yes ___ No ___*If you did not select Education, please complete the questions below.***1. Please choose what best characterizes your position?**

Management ___ Professional ___ Research ___

Other (specify) _____

2. If you selected Government, please specify:

US Federal ___ US State ___ US Local ___ Foreign ___

Other (specify) _____

Annual Earnings: under \$40,000 ___ \$40,000 - \$59,999 ___ \$60,000 - \$79,999 ___ \$80,000 - \$99,999 ___ \$100,000 and above ___**Please comment on your experiences at The Graduate Center and share with us your recent professional achievements/publications.**

Continue on the back of this form.

Your doctoral program and I thank you for completing this survey. William P. Kelly, Provost and Senior Vice President

If you have questions about the survey, please contact: David W. Adams at (212) 817-7286 or dadams@gc.cuny.edu