



Centre for Education Statistics

## Survey of Earned Doctorates July 1, 2002 to June 30, 2003

Confidential when completed.

Collected under the authority of the *Statistics Act*,  
Revised Statutes of Canada, 1985, Chapter S19.

Version française disponible; 1-800-307-3382

*Please print your name in full:*

<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>	<b>Suffix (e.g., Jr.)</b>
<b>Cross reference: Birth name or former name legally changed</b>			
<b>Name of Doctoral Institution</b>	<b>City or Branch</b>	<b>Date Degree Granted (mm/yyyy)</b>	

To the respondent:

Statistics Canada is conducting the Survey of Earned Doctorates in partnership with the University of Toronto.

The survey collects data about your post-secondary academic path, funding sources, field of study and your immediate post-graduate plans. Data collected from this survey will be used by Government and higher education institutions to better understand and respond to the financial and program needs of doctoral students.

The Survey of Earned Doctorates is currently being conducted at the University of Toronto as a pilot project in preparation for a national survey. The Survey of Earned Doctorates will be extended to all Canadian doctoral granting institutions next year. As such, we plan to contact a sample of respondents to follow-up on the clarity of questions in the survey and any comments that you may provide in writing at the back of the questionnaire. Your feedback is most appreciated.

While your participation is voluntary, your assistance is essential to ensure that the results of the pilot survey are meaningful and have a beneficial impact on the national survey.

Your answers will be kept strictly confidential and used for statistical purposes only.

When you have completed the questionnaire, please seal it within the return envelope provided and mail directly to Statistics Canada.



# INSTRUCTIONS

Thank you for taking the time to complete this questionnaire. Directions are provided for each question. Because not all questions will apply to everyone, you may be asked to skip certain questions.

- If you have not already done so, please print your name on the front cover.
- Please print all responses; you may use either a pen or pencil.
- When answering questions that require marking a box, please use an "X."
- If you need to change an answer, please make sure that your old answer is either completely erased or clearly crossed out.
- On page 7 (inside the back cover) is a Specialties List for classifying your field(s) of specialization in questions A2 and A8.

## PART A – Education

### A1. What is the title of your dissertation?

Please mark (X) this box if the title below refers to a performance, project report, or a musical or literary composition required instead of a dissertation.

Title

  
  
  


### A2. Using the Specialties List (page 7), please write the name and number of the primary field of your dissertation research.

Name of Field

Number of Field




If you had a secondary field for your dissertation research, list the name and number.

Name of Field

Number of Field




### A3. Please name the department (or centre, institute, etc.) of the university that supervised your doctoral program.

Mark (X) box if none

  


Department/Committee/Center/Institute/Program

### A4. Please name the major faculty within the university that supervised your doctoral program.

Mark (X) box if not applicable

  


### A5. Which of the following were sources of support during graduate school?

Mark (X) Yes or No for each

	Yes	No
a. NSERC	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. SSHRC	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. CIHR	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. Other funding council	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e. Teaching assistantship	1 <input type="checkbox"/>	2 <input type="checkbox"/>
f. Research assistantship	1 <input type="checkbox"/>	2 <input type="checkbox"/>
g. Loans (from any source)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
h. Foreign (non-Canadian) support	1 <input type="checkbox"/>	2 <input type="checkbox"/>
i. Personal savings	1 <input type="checkbox"/>	2 <input type="checkbox"/>
j. Personal earnings during graduate school (other than sources listed above)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
k. Spouse's, partner's, or family earnings or savings	1 <input type="checkbox"/>	2 <input type="checkbox"/>
l. Employer reimbursement/assistance	1 <input type="checkbox"/>	2 <input type="checkbox"/>
m. Other – Specify	1 <input type="checkbox"/>	2 <input type="checkbox"/>

### A6. Which TWO sources listed in A5 provided the most support?

Enter letters of primary and secondary sources

1. \_\_\_\_ Primary source of support  
 Mark (X) if no primary source
2. \_\_\_\_ Secondary source of support  
 Mark (X) if no secondary source

### A7. If you received full or partial tuition remission during the course of your doctoral studies, was it:

- 0  I did not receive any tuition remission
- 1  for less than 1/3 of tuition
- 2  between 1/3 and 2/3 of tuition
- 3  more than 2/3 of tuition

**A8. Please list below, chronologically, all postsecondary institutions - including colleges, institutes and universities - you have attended and each degree earned (if any). Be sure to give the years attended for ALL institutions attended.**

**INCLUDE YOUR DOCTORAL INSTITUTION(S) AND DOCTORAL DEGREE AT THE END.**

Mark (X) box if bachelor's degree (or equivalent) was never received.

Mark (X) box if master's degree (or equivalent) was never received.

EXAMPLE Institution and Location			Years Attended		Field of Study		Degree (if any) Granted		
					Use Specialties List, page 7		Title	Mo.	Yr.
Institution	Province or State	Country	From	To	Field Name	Number	Title	Mo.	Yr.
<i>Indian Institute of Technology</i>			1990	1992	<i>Mathematics</i>	498	—	—	—
City <i>Madras</i>		<i>India</i>							
<i>University of Ottawa</i>			1993	1995	<i>Mechanical Engineering</i>	345	<i>B.S.</i>	6	1995
City <i>Ottawa</i>	<i>Ontario</i>	<i>Canada</i>							
<i>University of Toronto</i>			1997	2000	<i>Mechanical Engineering</i>	345	<i>M.S.</i>	6	2000
City <i>Toronto</i>	<i>Ontario</i>	<i>Canada</i>							
Institution and Location			Years Attended		Field of Study		Degree (if any) Granted		
Institution	Province or State	Country	From	To	Field Name	Number	Title	Mo.	Yr.

If you have attended more than six institutions of higher education, please continue this list in the "Comments" section on the back cover. Remember to include your doctoral institution and degree.

**A9. When you receive your doctoral degree, how much money will you owe that is directly related to your undergraduate and graduate education?**

Mark (X) one in each column

**Undergraduate**

**Graduate**

(Includes MD, LLB, DDS)

- |  |  |
|--|--|
| 0 <input type="checkbox"/> None                | 0 <input type="checkbox"/> None                |
| 1 <input type="checkbox"/> \$5,000 or less     | 1 <input type="checkbox"/> \$5,000 or less     |
| 2 <input type="checkbox"/> \$5,001 - \$10,000  | 2 <input type="checkbox"/> \$5,001 - \$10,000  |
| 3 <input type="checkbox"/> \$10,001 - \$15,000 | 3 <input type="checkbox"/> \$10,001 - \$15,000 |
| 4 <input type="checkbox"/> \$15,001 - \$20,000 | 4 <input type="checkbox"/> \$15,001 - \$20,000 |
| 5 <input type="checkbox"/> \$20,001 - \$25,000 | 5 <input type="checkbox"/> \$20,001 - \$25,000 |
| 6 <input type="checkbox"/> \$25,001 - \$30,000 | 6 <input type="checkbox"/> \$25,001 - \$30,000 |
| 7 <input type="checkbox"/> \$30,001 - \$35,000 | 7 <input type="checkbox"/> \$30,001 - \$35,000 |
| 8 <input type="checkbox"/> \$35,001 - or more  | 8 <input type="checkbox"/> \$35,001 - or more  |

**A10. How many years were there between the date you first entered graduate school in any program or capacity and the date your doctorate was granted?**

Years   Round to whole years

**A11. How many years were you taking courses or preparing for exams required for or related to your doctoral degree?**

Years   Round to whole years

**A12. How many years did you spend on your dissertation (non-course related preparation or research, writing and defense)?**

Years   Round to whole years

**PART B – Postgraduation Plans**

**B1. How definite are your immediate (within the next year) postgraduate plans?**

Mark (X) one

- 0  Am returning to, or continuing in, predoctoral employment
- 1  Have signed contract or made definite commitment for other work or study
- 2  Am negotiating with one or more specific organizations
- 3  Am seeking position but have no specific prospects
- 4  Other – Specify

GO TO B2

SKIP TO B3

**B2. Please name the organization and geographic location where you will work or study.**

Name

SKIP TO B4

City

Province or State

Country

**B3. In what country do you intend to live after graduation (within the next year)?**

0  in Canada → Province

1  in U.S. → State

2  other country → specify

**B4. What best describes your immediate (within the next year) postgraduate plans?**

Mark (X) one

**Further Training or Study**

- 0  Postdoctoral fellowship
- 1  Postdoctoral research associateship
- 2  Traineeship
- 3  Other study – Specify

GO TO B5

**or Career Employment**

- 4  Employment (other than 0, 1, 2, 3)
- 5  Other – Specify

SKIP TO B6

**B5. What will be the main source of financial support for your postdoctoral study/research within the next year?**

Mark (X) one

- 0  Funding Councils
- 1  Industry/Business
- 2  College or university
- 3  Private foundation
- 4  Nonprofit, other than private foundation
- 5  Other – Specify
- 6  Unknown

SKIP TO C1

**B6. For what type of employer will you be working within the next year?**

Mark one box only.

**EDUCATION**

- a.  Canadian university other than medical school
- b.  Canadian medical school (including university affiliated hospital or medical school)
- c.  Canadian community college or technical institute
- d.  Canadian pre-school, elementary, or secondary school
- e.  U.S. educational institution
- f.  Educational institution in other country

**or GOVERNMENT**

- g.  Canadian federal government
- h.  Canadian provincial government
- i.  Canadian municipal government
- j.  U. S. government
- k.  Government of other country

**or PRIVATE SECTOR**

- l.  Non-profit organisation
- m.  Industry or business
- n.  Self employed

**or OTHER**

- o.  Other – specify \_\_\_\_\_

**B7. From the list below, please indicate what your primary and secondary work activities will be by entering the numbers of your selections in the appropriate boxes:**

- 0 Research and development
- 1 Teaching
- 2 Administration
- 3 Professional services

a.  Primary activity or Other – specify \_\_\_\_\_

b.  Secondary activity or Other – specify \_\_\_\_\_

**PART C – Background Information**

**C1. Are you ...**

- 1  Male
- 2  Female

**C2. What is your marital status?**

Mark one box only.

- 1  Never legally married (single)
- 2  Legally married (and not separated)
- 3  Separated, but still legally married
- 4  Divorced
- 5  Widowed

**C3. Are you living with a common-law partner?**

Common law refers to two people of the opposite sex or the same sex who live together as a couple but who are not legally married to each other.

- 1  Yes
- 2  No

**C4. Not including yourself (or your spouse/partner), how many dependents do you have? That is, how many others receive at least half of their support from you?**

Mark this box if none.

	Number
5 years of age or younger	<input type="text"/>
6 to 18 years	<input type="text"/>
19 years or older	<input type="text"/>

**C5. What is the highest educational attainment of your mother and father?**

Mark one box for each parent.

	Mother	Father
Less than high-school (or secondary school)	<input type="checkbox"/>	<input type="checkbox"/>
High-school (or secondary school) graduate	<input type="checkbox"/>	<input type="checkbox"/>
Some college or university	<input type="checkbox"/>	<input type="checkbox"/>
Bachelor's degree	<input type="checkbox"/>	<input type="checkbox"/>
Professional degree (ie. M.D., L.L.B., D.D.S.)	<input type="checkbox"/>	<input type="checkbox"/>
Master's Degree	<input type="checkbox"/>	<input type="checkbox"/>
Doctoral Degree	<input type="checkbox"/>	<input type="checkbox"/>

**C6. What is your place of birth?**

- 1  Born in Canada Specify Province \_\_\_\_\_
- 2  Born outside Canada Specify Country \_\_\_\_\_

**C7. What was your date of birth?**

Year  Month  Day

**C8. Of what country are you a citizen?**

- 1  Canada, by birth
- 2  Canada, by naturalization
- 3  Other Country, specify \_\_\_\_\_

**C9. Are you now, or have you ever been, a landed immigrant?**

1  Yes      2  No (go to C11)

**C10. In what year did you first become a landed immigrant?**

Year

**C11. What language do you speak most often at home?**

1  English

2  French

3  Other – specify

**C12. In what province or country was the high school that you last attended?**

Province or State

Country

**C13. Do you have any difficulty hearing, seeing, communicating, walking, climbing stairs, bending or doing any similar activities?**

1  Yes, sometimes

2  Yes, often

3  No

**C14. Does a physical condition or health problem reduce the kind or amount of activity you can do:**

...at home?

Yes, sometimes       Yes, often       No

...at work or at school?

Yes, sometimes       Yes, often       No

...in other activities such as transportation or leisure?

Yes, sometimes       Yes, often       No

**C15. Ethno-cultural information is collected to support programs that promote equal opportunity for everyone. Are you ...**

(Mark all that apply)

1  White

2  North American Indian

3  Métis

4  Inuit

5  Chinese

6  South Asian (e.g., East Indian, Pakistani, Sri Lankan etc.)

7  Black

8  Filipino

9  Latin American

10  Southeast Asian (e.g., Cambodian, Indonesian, Laotian, Vietnamese etc.)

11  Arab (e.g., Saudi, Egyptian etc.)

12  West Asian (Afghan, Iranian etc.)

13  Japanese

14  Korean

Other – specify

**C16. To which ethnic or cultural group(s) did your ancestors belong?**

For example, Canadian, French, English, Chinese, Italian, German, Scottish, Irish, Cree, Micmac, Métis, Inuit, East Indian, Ukrainian, Dutch, Polish, Portuguese, Filipino, Jewish, Greek, Jamaican, Vietnamese, Lebanese etc.

Specify as many groups as applicable.

  

**C17. In case we need to clarify some of the information you have provided, please list an e-mail address, and telephone numbers where you could be reached.**

E-mail address

Daytime telephone

Evening telephone

**C18. In case there are difficulties reaching you, we would like the name of a friend or relative we could call. This would only be used to help us make contact with you.**

**Contact Person**

Name

Number  Street

City  Province or State  Postal or Zip Code

()  
Area Code  Phone Number

E-mail Address

**C19. Statistics Canada is conducting The Survey of Earned Doctorates jointly with the University of Toronto. By signing below, you authorise Statistics Canada to release all information provided in this questionnaire, with your personal identifiers, to the University of Toronto. The University of Toronto has undertaken to keep this information confidential and will combine your responses with other data about you, then aggregate with data of other graduates, for research and statistical purposes only.**

Signature

Date

**Thank-you for having taken the time to complete the Survey of Earned Doctorates.**

**Please use the back cover to make any additional comments you may have about this survey.**





## Comments About This Survey

If you have comments on particular questions, please indicate the question number, why you had trouble answering the question and any suggestions as to how the question could be improved.

For information only

**Please use the pre-paid envelope to mail your completed questionnaire to Statistics Canada.**

**If you have questions or concerns about the survey, you may contact us by phone at 1-800-307-3382.**

### OFFICE USE ONLY

Case ID	Instit. Code:	Grad Date:	Main Disp.:		
<b>PROCESSING</b>					
<b>Receipt</b>		<b>Editing</b>		<b>CADE</b>	
Initials	Date	Initials	Date	Initials	Date
<b>Ver. Adjust</b>		<b>Retrieval</b>		<b>Updates</b>	
Initials	Date	Initials	Date	Initials	Date