



North Dakota State University  
**Ronald E. McNair Postbaccalaureate Achievement Program**

***Follow-up Questionnaire***

Dear McNair Scholar: To give better service to future McNair Scholars and to determine how well the current program is meeting the needs of the participants and the goals of the program, please complete the following questionnaire.

**Current Demographic Information:**

**Date:** \_\_\_\_\_

LAST NAME: \_\_\_\_\_ MAIDEN NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

LAB OR CAMPUS ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

LAB OR CAMPUS PHONE #: \_\_\_\_\_

PARENT(S) NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PARENT(S) PHONE #: \_\_\_\_\_

**Employment Information:**

1. ARE YOU CURRENTLY EMPLOYED? ☐ YES ☐ NO

IF YES, WHERE? \_\_\_\_\_

2. WHAT IS YOUR POSITION, TITLE OR JOB RESPONSIBILITY? \_\_\_\_\_

3. WHAT IS YOUR PRESENT RANGE OF SALARY? (OPTIONAL) \_\_\_\_\_

**Activities and Achievements Information:**

1. **RESEARCH:** PLEASE LIST ANY RESEARCH PERFORMED (OTHER THAN RESEARCH INTERNSHIPS) - USE SPECIFIC TITLES AND TIME FRAMES: \_\_\_\_\_

2. **PROFESSIONAL DEVELOPMENT:** INDICATE ANY PROFESSIONAL DEVELOPMENT YOU HAVE RECEIVED (SUCH AS AWARDS, HONORS, CERTIFICATIONS, ETC.). BE SPECIFIC AND GIVE THE YEAR(S) IN WHICH YOUR DEVELOPMENT TOOK PLACE: \_\_\_\_\_

## **Academic Information:**

1. ARE YOU CURRENTLY ATTENDING SCHOOL? ☐ YES ☐ NO
2. IF YOU ARE CURRENTLY ATTENDING SCHOOL, WHAT DEGREE ARE YOU CURRENTLY WORKING ON? ☐ BA/BS ☐ MA/MS ☐ PH.D. ☐ PROFESSIONAL
- WHERE ARE YOU ATTENDING? \_\_\_\_\_
- WHAT IS YOUR MAJOR? \_\_\_\_\_
- WHAT IS YOUR EXPECTED DATE OF COMPLETION? \_\_\_\_\_
- WHAT YEAR IN GRADUATE SCHOOL IS THIS? ☐ 1ST ☐ 2ND ☐ 3RD ☐ 4TH OR BEYOND
3. IF YOU ARE NOT CURRENTLY ATTENDING SCHOOL, PLEASE TELL US WHY. \_\_\_\_\_
- \_\_\_\_\_
4. IF YOU ARE NOT CURRENTLY ATTENDING SCHOOL, DO YOU PLAN TO ATTEND GRADUATE SCHOOL? ☐ YES ☐ NO
- IF YES, HOW SOON? ☐ 6 MONTHS ☐ 1 YEAR ☐ 2 YEARS ☐ MORE THAN TWO YEARS
- WHERE WILL YOU ATTEND? \_\_\_\_\_
- HAVE YOU BEEN ACCEPTED? ☐ YES ☐ NO
5. DO YOU PLAN TO COMPLETE YOUR Ph.D? ☐ YES ☐ NO

## **Summary of Your Progress:**

DEGREE	UNIVERSITY	MAJOR	TITLE OF THESIS OR RESEARCH FOCUS	DATE ACCOMPLISHED MONTH/ DATE/ YEAR
BS				
MA				
MA WITH THESIS				
MS				
MS WITH THESIS				
Ph. D.				
Ed. D.				
PROFESSIONAL				

## **Additional Comments:**

YOUR COMMENTS REGARDING ANY BENEFITS OR DISAPPOINTMENTS WITH THE MCNAIR SCHOLARS PROGRAM ARE WELCOME AND APPRECIATED .

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*If you have an updated CV, please email to [Anna.Sheppard@ndsu.edu](mailto:Anna.Sheppard@ndsu.edu)*

**Thank you for your time.**

*We wish you well in your endeavors.*