

Graduating Student Questionnaire
Jefferson College of Biomedical Sciences
Thomas Jefferson University

Confidential

Please print out, complete, and return this form to:

Office of Academic Services
Jefferson College of Biomedical Sciences
Thomas Jefferson University
M46 Jefferson Alumni Hall, 1020 Locust Street, Philadelphia, PA
19107-6799

Jefferson College of Biomedical Sciences – Thomas Jefferson University
Graduating Student Questionnaire

1. Name: _____ 2. Graduation Year: _____

3. Social Security Number: _____ - _____ - _____

4. Sex: Male. Female. 5. Date of Birth: Month: Day: Year:

6. How do you identify yourself? Check one.

- (01) Black (not Hispanic origin).
(02) White (not Hispanic origin).
(03) American Indian or Alaska native.

Hispanic:

- (04) Mexican American/Chicano.
(05) Hispanic (Mainland).
(06) Hispanic (Commonwealth).
(07) Other Hispanic.
(Specify): _____

Asian or Pacific Islander:

- (08) Chinese.
(09) Korean.
(10) Japanese.
(11) Vietnamese.
(12) Other Southeast Asian.
(Specify): _____
(13) Indian or Pakistani.
(14) Hawaiian.
(15) Filipino.
(16) Other Pacific Islander.
(Specify): _____
(17) Other Asian. (Specify): _____

7. The Jefferson program from which you are graduating: Please check one.

Ph.D. program in:

- (01) Biochemistry & Molecular Biology
(02) Genetics
(03) Immunology and Microbial Pathogenesis
(04) Joint
(05) Cell and Developmental Biology
(06) Molecular Pharmacology & Structural Biology
(07) Neuroscience
(08) Molecular Physiology and Biophysics
(07) Tissue Engineering and Regenerative Medicine
(08) Check if you are also in the MD/Ph.D. Program

M.S. program in:

- (09) Biomedical Sciences
(10) Cell and Developmental Biology
(11) Microbiology
(12) Pharmacology

8. Your primary status while in the program:

- (01) Full-time student. (02) Part-time student.

9. Your previous highest degree:

- (01) B.A. or B.S. Specify Major: _____
- (02) M.A. or M.S. Specify Major: _____
- (03) Ph.D. Specify Major: _____
- (04) Other. (Specify): _____

10. Previous/Current Employment. Please choose one:

- (01) Industry.
- (02) Educational Institution.
- (03) Research Institution.
- (04) Government or Regulatory Agency.
- (05) Health Care Institution.
- (06) Self-employed.
- (07) Not employed (Full time student).
- (08) Other. (Specify).

11. Short term plans (1-5 years after completing your degree program) Please choose one:

- (01) Further education (doctorate, post-doctorate, professional degree [MD, FAOTC, etc]).
- (02) Employment in an educational institution.
- (03) Employment in a research institution.
- (04) Employment in a government or regulatory agency.
- (05) Employment in a health care institution.
- (06) Employment in industry.
- (07) Private practice/self employed.
- (08) Undecided.
- (09) Other. (Specify): _____

12. Long term plans (10 years or more after completing your degree). Please choose **one** selection from each column.

- | PLACE | TYPE OF POSITION |
|---|--|
| (01) <input type="checkbox"/> Educational institution. | (01) <input type="checkbox"/> Bench research. |
| (02) <input type="checkbox"/> Research institution. | (02) <input type="checkbox"/> Clinical research. |
| (03) <input type="checkbox"/> Industry. | (03) <input type="checkbox"/> Patient care. |
| (04) <input type="checkbox"/> Care Facility (e.g., Hospital). | (04) <input type="checkbox"/> Teaching and research. |
| (05) <input type="checkbox"/> Government. | (05) <input type="checkbox"/> Regulatory or quality assurance. |
| (06) <input type="checkbox"/> Private Practice/Self Employed. | (06) <input type="checkbox"/> Administration/Management. |
| (07) <input type="checkbox"/> Other. (Specify): _____ | (07) <input type="checkbox"/> Other. (Specify): _____ |
| (08) <input type="checkbox"/> Undecided. | |

13. Extracurricular activities in which you participated while you were in graduate school.

Please check all that apply.

- (01) Paid employment relevant to your degree field.
- (02) Volunteer work in a clinical setting.
- (03) Volunteer work in a research setting.
- (04) Community work.
- (06) Work with social or political action groups.
- (07) Active membership in the Graduate Student Association.
- (08) Active membership in association relevant to your degree field.
- (09) Other. (Specify): _____

14. Indicate how important the following individuals and experiences were in your choice of Thomas Jefferson University for your graduate education?

| | <u>Not Important</u> | <u>Slightly Important</u> | <u>Somewhat Important</u> | <u>Moderately Important</u> | <u>Very Important</u> |
|--|--------------------------|-------------------------------|-------------------------------|---------------------------------|---------------------------|
| 1. Advice of college advisor | 0 | 1 | 2 | 3 | 4 |
| 2. Advice of parents | 0 | 1 | 2 | 3 | 4 |
| 3. Advice of Jefferson graduate | 0 | 1 | 2 | 3 | 4 |
| 4. General reputation of the college..... | 0 | 1 | 2 | 3 | 4 |
| 5. Research reputation of the college..... | 0 | 1 | 2 | 3 | 4 |
| 6. Teaching methods of the college..... | 0 | 1 | 2 | 3 | 4 |
| 7. Geographic location | 0 | 1 | 2 | 3 | 4 |
| 8. Faculty mentorship..... | 0 | 1 | 2 | 3 | 4 |
| 9. Financial considerations – cost of attending..... | 0 | 1 | 2 | 3 | 4 |
| 10. Amount of financial support offered..... | 0 | 1 | 2 | 3 | 4 |
| 11. Desire to attend school of my home state or region .. | 0 | 1 | 2 | 3 | 4 |
| 12. Special programs for returning professionals | 0 | 1 | 2 | 3 | 4 |
| 13. Special programs for minority students | 0 | 1 | 2 | 3 | 4 |
| 14. Diversity of the student body | 0 | 1 | 2 | 3 | 4 |
| 15. Diversity of the faculty..... | 0 | 1 | 2 | 3 | 4 |
| 16. Nature of the curriculum | 0 | 1 | 2 | 3 | 4 |
| 17 Ability of college to place students in particular advanced educational program after graduation | 0 | 1 | 2 | 3 | 4 |
| 18. Medical Scientist (MD/Ph.D.) program | 0 | 1 | 2 | 3 | 4 |
| 19. Research experience/opportunity | 0 | 1 | 2 | 3 | 4 |
| 20. Program of elective courses | 0 | 1 | 2 | 3 | 4 |
| 21. It was the only school to offer admission..... | 0 | 1 | 2 | 3 | 4 |

15. Indicate your level of satisfaction with the following.

| | Very Dissatisfied | Dissatisfied | Satisfied | Very Satisfied |
|--|----------------------|--------------|-----------|-------------------|
| Jefferson College of Biomedical Sciences Office of the Dean | | | | |
| a. Accessibility to administration (Dean, Assoc. Deans, Assistant Dean)..... | 1 | 2 | 3 | 4 |
| b. Awareness of student problems by administration..... | 1 | 2 | 3 | 4 |
| c. Participation of students on key graduate school committees..... | 1 | 2 | 3 | 4 |
| d. Responsiveness of Administration to graduate Student issues/activities | 1 | 2 | 3 | 4 |
| Student Support | | | | |
| e. Academic counseling | 1 | 2 | 3 | 4 |
| f. Tutorial help | 1 | 2 | 3 | 4 |
| g. Career counseling | 1 | 2 | 3 | 4 |
| h. Personal counseling..... | 1 | 2 | 3 | 4 |
| i. Faculty mentoring | 1 | 2 | 3 | 4 |
| Student –University Administration interaction: | | | | |
| j. University Office of Financial Aid | 1 | 2 | 3 | 4 |
| k. University of Office of the Registrar | 1 | 2 | 3 | 4 |
| Student Health | | | | |
| l. University Health Services | 1 | 2 | 3 | 4 |
| m. Student health insurance | 1 | 2 | 3 | 4 |
| n. Laboratory safety/biosafety education | 1 | 2 | 3 | 4 |
| o. Laboratory safety/biosafety screening | 1 | 2 | 3 | 4 |
| p. Screening and immunization for communicable diseases..... | 1 | 2 | 3 | 4 |
| q. Education about exposure to and prevention of infectious disease | 1 | 2 | 3 | 4 |
| Student-Faculty Interaction | | | | |
| r. Interaction in research laboratory/clinical setting..... | 1 | 2 | 3 | 4 |
| s. Student-teacher interaction in your courses | 1 | 2 | 3 | 4 |
| t. Feedback on your course performance | 1 | 2 | 3 | 4 |
| u. Interaction with your thesis committee..... | 1 | 2 | 3 | 4 |
| v. Faculty or college assistance in career development..... | 1 | 2 | 3 | 4 |
| Library and Learning Resources | | | | |
| w. Scott Memorial Library holding and facilities | 1 | 2 | 3 | 4 |
| x. Library administration and circulation | 1 | 2 | 3 | 4 |
| y. Availability of computer facilities | 1 | 2 | 3 | 4 |
| z. Computer training and computer help | 1 | 2 | 3 | 4 |
| aa. E-mail | 1 | 2 | 3 | 4 |
| bb. College or department websites | 1 | 2 | 3 | 4 |
| Other Student Support | | | | |
| cc. Book store..... | 1 | 2 | 3 | 4 |
| dd. Food carts/cafeterias | 1 | 2 | 3 | 4 |
| ee. Housing..... | 1 | 2 | 3 | 4 |
| ff. Student study space | 1 | 2 | 3 | 4 |
| gg. Student relaxation space | 1 | 2 | 3 | 4 |
| hh. Facilities for extracurricular activities (commons, swimming pool, etc.) | 1 | 2 | 3 | 4 |

16. What were your principal sources of funding for graduate education?

- (01) Employer's educational benefit.
- (02) Personal savings/Employment.
- (03) Loans.
What types? _____

- (04) Scholarship/Fellowship/Traineeship.
What types? _____

- (05) Family.

17. Please estimate your own future personal peak annual income after professional expenses, but before income taxes. Ignore inflation and assume that dollars maintain their present value.

Your own peak annual income will be approximately: \$ _____

18. Please indicate the extent of your satisfaction with your education in the following topics.

| | Very <u>Dissatisfied</u> | <u>Dissatisfied</u> | <u>Satisfied</u> | Very <u>Satisfied</u> |
|---|-----------------------------|---------------------|------------------|--------------------------|
| a. Research ethics..... | 1 | 2 | 3 | 4 |
| b. Interpersonal skills/management skills..... | 1 | 2 | 3 | 4 |
| c. Teaching skills..... | 1 | 2 | 3 | 4 |
| d. Computer technology | 1 | 2 | 3 | 4 |
| e. Research economics/grantsmanship | 1 | 2 | 3 | 4 |
| f. Research methods | 1 | 2 | 3 | 4 |
| g. Statistics | 1 | 2 | 3 | 4 |
| h. Scientific writing/presentation skills..... | 1 | 2 | 3 | 4 |
| i. Medical ethics..... | 1 | 2 | 3 | 4 |
| j. Cultural factors in health care delivery | 1 | 2 | 3 | 4 |

**19. Indicate whether you agree or disagree with the following statement:
Overall, I am satisfied with the quality of my graduate education (Check one):**

- (05) Strongly Agree.
- (04) Agree.
- (03) Neither agree nor disagree.
- (02) Disagree.
- (01) Strongly disagree.

20. In general, how well do you feel your education at Jefferson prepared you for your career?

1. In basic sciences:

2. In clinical sciences (if applicable):

3. What do you feel were the greatest strengths of the program?

4. What do you feel are the areas in need of improvement in your graduate program?

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