



Institution: _____

For office use only

_____ **18**

Department: _____

Chair/head: _____

Location: _____

Please enter the number of doctoral recipients, compiled from your Doctorates Granted forms, in the appropriate boxes below. Count each recipient only once. **Return all forms together in the enclosed envelope by June 29, 2018.** The deadline may be extended, provided you send an email to ams-survey@ams.org. **Note:** We must receive a Doctorates Granted form for every recipient listed below or we will be unable to include your department in our analysis.

Race/Ethnicity & Gender	Non-US Citizens											
	US Citizens			Permanent Visa			Temporary Visa			Unknown Visa		
	Male	Female	Other	Male	Female	Other	Male	Female	Other	Male	Female	Other
American Indian or Alaska Native												
Asian												
Black or African American												
Hispanic or Latino												
Native Hawaiian or Other Pacific Islander												
White												
Unknown												
Column Totals												

Racial/Ethnic Definitions

American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, & Vietnam.

Black or African American: A person having origins in any of the black racial groups of Africa, not Hispanic or Latino.

Hispanic or Latino: Individuals with origins in Cuba, Mexico, Puerto Rico, Spanish speaking countries in South or Central America, or with origins in other Spanish cultures, regardless of race.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Name and title of person completing this form: _____ Date: _____

Tel: _____ Fax: _____ Email: _____