



Institution: _____

Department: _____

Chair/head: _____

Location: _____

For office use only
10

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 July 1, 2010.** The deadline may be extended, provided you return the enclosed postcard indicating the date you will respond or send 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.*

Male Race/Ethnicity	Citizenship				Total
	U.S.	Non-U.S. Permanent Resident	Non-U.S. Temporary Visa	Non-U.S. Unknown Visa	
American Indian or Alaska Native	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Asian	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Black or African American (no Hispanic or Latino)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hispanic or Latino	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Native Hawaiian or Other Pacific Islander	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
White	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Unknown	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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, and 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
A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, 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.

Female Race/Ethnicity	Citizenship				Total
	U.S.	Non-U.S. Permanent Resident	Non-U.S. Temporary Visa	Non-U.S. Unknown Visa	
American Indian or Alaska Native	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Asian	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Black or African American	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hispanic or Latino	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Native Hawaiian or Other Pacific Islander	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
White	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Unknown	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Tel: _____ Fax: _____ Email: _____