

## **Annual Survey**

<b>Doct</b>	orates	Gra	nted
July 1,	201 <b>6</b> – Ju	ne 30,	201 <b>7</b>

For office use only		
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Return to: American Mathematical Society · P.O. Box 6248 · Providence, RI 02940-6248 Email: ams-survey@ams.org · Fax: 401-331-3842 (Attn: Kayla Roach) · Tel: 800-321-4267

Please complete one Doctorates Granted form (photocopy as necessary) for every doctoral degree recipient and enter each one on the Sex, Race/Ethnicity & Citizenship form. Return all forms together in the enclosed envelope by June 30, 2017. The deadline may be extended, provided you return the enclosed postcard indicating the date you will respond or send an email to ams-survey@ams.org. Note: We must receive the Gender, Race/Ethnicity & Citizenship form with every recipient who has a completed Doctorates Granted forms listed on it or we will be unable to include your department.

	nt clearly or type; the name and thesis title are used for the publish cipient	ned list and the addresses are used for a follow-up survey to recipients.  Addresses
1)	First name:	11) Mailing Address for Summer 2017:
	Last name:	
2)	Gender: <sup>1</sup> Female <sup>2</sup> Male <sup>3</sup> Other	
3)	Citizenship: 1 U.S. 2 Non-U.S. from	Email:
	Country of Citizenship  with  2.1 Permanent resident status in U.S.  2.2 Temporary visa	12 ) Mailing Address for Fall 2017: If same as above, check here
Ed	ucation	
4)	Institution:	
-	Department	Email:
	Department:	Employment – Fall 2017
	Location:	13) Check one:  14) Has recipient  1 Employed full-time left the U.S.?
5)	Date conferred:    Include only those between July 1, 2016	Employed part-time    Yes     Yes     Yes     Yes     Yes       Yes       Yes
Th	esis	999 Employment status unknown
7)	Thesis advisor(s):	15) If employed:
	Name Email	Position title:
٠.	Name Email	Department/Division:
8)	Title of thesis: Capitalize proper nouns only.	Institution/Organization:
		Address line 1:
		Address line 2:
9)	Describe field of thesis:	City State Zip (& Country, if non-US)
	Indicate the one AMC cubicat elections	16) Is this a postdoctoral appointment? 1 Yes 2 No
10)	Indicate the <u>one</u> AMS subject classification code (see enclosed list) that <i>best</i> describes the field of thesis:	A postdoctoral appointment is a temporary position primarily intended to provide an opportunity to extend graduate training or to further research experience.
Nam	ne and title of person completing this form:	Date:
Tel:	Fax:	Email: