

Canadian Graduate and Professional Student Survey - 2010
(For students in Professional Programs)

Welcome!

Please enter your access code to begin the survey: _____

(Your personal access code was sent to you by email; If you do not have it, please retrieve your access code to this survey.)

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You are being invited to participate in a survey that asks graduate students about their activities and what they feel they are gaining from their university experiences overall. This survey is being conducted across Canada at many major universities. We hope that this study will result in providing improved educational opportunities for you and future students.

If you agree to participate we ask that you complete a web-based survey that will take about 20 minutes (details below). Responses will be logged, such that reminder notices are not sent to those of you who have responded. Your answers will be kept confidential and once the data are returned to your school by the organization running the study, all identifying information such as your name and email address will be removed before any analyses are done.

Participation in this study is voluntary. You may refuse to participate, refuse to answer any questions or withdraw at anytime with no effect on your academic status. If you do not wish to respond to particular questions, please skip over them. If you do not wish to participate, and do not wish to receive a reminder, please respond to your email invitation with 'Do Not Wish to Participate' in the subject line. Completion of the survey indicates your consent to participate in this research. There are no known risks to participating in this research.

If you would like more information about the survey, or if you have difficulty logging in, you can contact [university contact email].

This survey will be available for your input until [survey close date]. The survey has multiple pages, and you do not have to complete the survey in one sitting. Once you save your responses on the first page of the survey, you will have 48 hours to complete the entire survey.

## Section 1. Educational Status

1. At which degree level are you currently enrolled?
  - Master's
  - Doctoral
  
2. In what disciplinary area are you pursuing your degree? (Select One)
  - Health Sciences
  - Library & Information Studies
  - Architecture/Landscape Architecture/Urban Design/Planning
  - Journalism
  - Education
  - Engineering
  - Public Administration/Public Policy/International Relations
  - Social Work
  - Business
  - Law
  - Environmental Sciences/Studies
  - Arts & Culture
  - Finance/Mathematics/Computing
  - Other
  
3. What is your current year of study?
  - 1st year
  - 2nd year
  - 3rd year
  - 4th year
  - 5th year
  - 6th year or above
  
4. What is your current status in your graduate program?
  - I am still taking courses
  - I have completed coursework
  
5. Do you expect to graduate by the end of the current academic year?
  - No
  - Yes

## Section 2. General Satisfaction

Please select your response to the following statements.

|                                                                                                             | Definitely               | Probably                 | Maybe                    | Probably not             | Definitely not           |
|-------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. If you were to start your graduate/ professional career again, would you select this same university?    | <input type="checkbox"/> |
| 2. If you were to start your graduate/ professional career again, would you select the same field of study? | <input type="checkbox"/> |
| 3. Would you recommend this university to someone considering your program?                                 | <input type="checkbox"/> |
| 4. Would you recommend this university to someone in another field?                                         | <input type="checkbox"/> |

## Section 3. Satisfaction with Program, Quality of Interactions, and Coursework

Please rate the following dimensions of your program.

|                                                                       | Excellent                | Very good                | Good                     | Fair                     | Poor                     |
|-----------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. The intellectual quality of the faculty                            | <input type="checkbox"/> |
| 2. The intellectual quality of my fellow students                     | <input type="checkbox"/> |
| 3. The relationship between faculty and graduate students             | <input type="checkbox"/> |
| 4. Overall quality of graduate level teaching by faculty              | <input type="checkbox"/> |
| 5. Advice on the availability of financial support                    | <input type="checkbox"/> |
| 6. Quality of academic advising and guidance                          | <input type="checkbox"/> |
| 7. Helpfulness of staff members in my program                         | <input type="checkbox"/> |
| 8. Availability of area courses I needed to complete my program       | <input type="checkbox"/> |
| 9. Quality of instruction in my courses                               | <input type="checkbox"/> |
| 10. Relationship of program content to my research/professional goals | <input type="checkbox"/> |
| 11. Opportunities for student collaboration or teamwork               | <input type="checkbox"/> |
| 12. Opportunities to take coursework outside my own department        | <input type="checkbox"/> |
| 13. Opportunities to engage in interdisciplinary work                 | <input type="checkbox"/> |
| 14. Amount of coursework                                              | <input type="checkbox"/> |

## Section 4. Professional Skills Development

How would you rate the quality of the support and training you received in these areas?

|                                                                                               | Excellent                | Very good                | Good                     | Fair                     | Poor                     | Did not participate      | Not applicable           |
|-----------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Advice/workshops on preparing for professional practice                                    | <input type="checkbox"/> |
| 2. Advice/workshops on the standards for writing in your profession                           | <input type="checkbox"/> |
| 3. Advice/workshops on career options                                                         | <input type="checkbox"/> |
| 4. Advice/workshops on professional ethics                                                    | <input type="checkbox"/> |
| 5. Advice/workshops on job preparation and professional practice                              | <input type="checkbox"/> |
| 6. Opportunities for internships, practicum, and experiential learning as part of the program | <input type="checkbox"/> |
| 7. Opportunities for contact (lectures, seminars, discussion) with practicing professionals   | <input type="checkbox"/> |

## Section 5. Research Experience

How would you rate the quality of the support and opportunities you received in these areas?

|                                                                         | Excellent                | Very good                | Good                     | Fair                     | Poor                     | Did not participate      | Not applicable           |
|-------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Conducting independent research since starting your graduate program | <input type="checkbox"/> |
| 2. Training in research methods                                         | <input type="checkbox"/> |
| 3. Faculty guidance in formulating a research topic                     | <input type="checkbox"/> |

## Section 6. Presentations and Publications

Please select if the following occurs in your department, and the number of times you were involved.

|                                                                         |                          |                          | Number of times you were involved |                          |                          |                          |                          |
|-------------------------------------------------------------------------|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                                                                         | Yes                      | No                       | 0                                 | 1                        | 2                        | 3                        | 4+                       |
| 1. Seminars/colloquia at which students present their research          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>2. Departmental funding for students to attend national meetings</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>3. Attend national scholarly/professional meetings</b>               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Section 7. Financial Support

1. Please check all of the following forms of support you received while you have been enrolled in your program. Please check if you received support from this source:

- Federal Granting Council Scholarship/Fellowship
- Provincial Government Scholarship/Fellowship
- Support from a Foreign Government
- External (to university) non-government fellowship
- University funded fellowships
- University funded bursary**
- Graduate research assistantship
- Graduate teaching assistantship
- Other part-time research employment
- Other part-time teaching employment
- Residence Donship
- Full tuition scholarships or waivers
- Partial tuition scholarships or waivers
- Other campus employment
- Off campus employment
- Employee benefit or employer funding
- Loans, savings, or family assistance

2. Please estimate the amount of undergraduate educational debt, if any, plus the amount of graduate educational debt, if any, you will have to repay when you have completed your graduate degree here.

#### Undergraduate Educational Debt

- \$0
- \$1 - \$9,999
- \$10,000 - \$19,999
- \$20,000 - \$29,999
- \$30,000 - \$39,999
- \$40,000 - \$49,999
- \$50,000 - \$59,999
- \$60,000 - \$69,999
- \$70,000 - \$79,999
- \$80,000 or more

#### Graduate Educational Debt

- \$0
- \$1 - \$9,999
- \$10,000 - \$19,999
- \$20,000 - \$29,999
- \$30,000 - \$39,999
- \$40,000 - \$49,999
- \$50,000 - \$59,999
- \$60,000 - \$69,999
- \$70,000 - \$79,999
- \$80,000 or more

## Section 8. University Resources and Student Life

Please rate the following university resources based on the quality you have experienced while using them.

Please answer regarding your most recent year's experience in the graduate school at this university.

|                                             | Excellent                | Very good                | Good                     | Fair                     | Poor                     | Did not participate      | Not applicable           |
|---------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Library facilities                       | <input type="checkbox"/> |
| <b>2. Graduate student work/study space</b> | <input type="checkbox"/> |
| 3. Research laboratories.                   | <input type="checkbox"/> |
| 4. Health care services                     | <input type="checkbox"/> |
| 5. Child care services                      | <input type="checkbox"/> |
| 6. Financial aid office                     | <input type="checkbox"/> |
| 7. Career services                          | <input type="checkbox"/> |
| 8. Student counseling & resource centre     | <input type="checkbox"/> |
| 9. Athletic facilities                      | <input type="checkbox"/> |
| 10. International office                    | <input type="checkbox"/> |
| 11. Housing assistance                      | <input type="checkbox"/> |
| 12. Ombudsperson's office                   | <input type="checkbox"/> |
| 13. Campus Transportation service           | <input type="checkbox"/> |
| 14. Food services                           | <input type="checkbox"/> |
| 15. University bookstore                    | <input type="checkbox"/> |
| 16. Student government office               | <input type="checkbox"/> |
| 17. Registrarial processes                  | <input type="checkbox"/> |
| 18. Information technology services         | <input type="checkbox"/> |

## Section 9. Social Life

How often do the following social activities occur on campus and how often do you attend them?

|                                                                   | Frequency of occurrence of activities? |                          |                          | Frequency of your attendance? |                          |                          |
|-------------------------------------------------------------------|----------------------------------------|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|
|                                                                   | Frequent                               | Occasionally             | Never                    | Frequent                      | Occasionally             | Never                    |
| 1. Organized university-wide social activities                    | <input type="checkbox"/>               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Organized social activities within your department             | <input type="checkbox"/>               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Organized social activities within your advisor/research group | <input type="checkbox"/>               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Organized social activities within your residence              | <input type="checkbox"/>               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> |

## Section 10. General Assessment

1. Overall, how would you rate the quality of:

|                                                        | Excellent                | Very good                | Good                     | Fair                     | Poor                     |
|--------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Your academic experience at this university?           | <input type="checkbox"/> |
| Your student life experience at this university?       | <input type="checkbox"/> |
| Your graduate/professional program at this university? | <input type="checkbox"/> |
| Your overall experience at this university?            | <input type="checkbox"/> |

2. Rate the extent to which the following factors are an obstacle to your academic progress.

|                                   | Not an obstacle          | A minor obstacle         | A major obstacle         |
|-----------------------------------|--------------------------|--------------------------|--------------------------|
| Work/financial commitments        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Family obligations                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Availability of faculty           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Program structure or requirements | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Course scheduling                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Immigration laws or regulations   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other _____                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Section 11. Personal Demographics

1. Gender
  - Male
  - Female
  
2. Age
  - 21 or younger
  - 21 - 25
  - 26 - 30
  - 31 - 35
  - 36 - 40
  - 41 - 45
  - Over 45
  
3. Which of the following housing situations best describes your CURRENT residence?
  - On-campus student housing (no resident assistant/dorm responsibilities)
  - On-campus student housing (with resident assistant/dorm responsibilities)
  - Off-campus housing owned by this university
  - Off-campus housing not owned by this university
  
4. What is your marital status?
  - Not married
  - Married
  - Divorced
  - Separated
  - Widowed
  - With domestic partner
  
5. How many, if any, children do you have?
  - None/Not applicable
  - 1 child
  - 2 children
  - 3 children
  - 4 or more
  
6. What is your present citizenship status?
  - Canadian Citizen
  - Canadian Permanent Resident
  - Citizen of another country with a student visa or other nonimmigrant visa.

Please specify country: \_\_\_\_\_

7. Please indicate whether you consider yourself to be a member of one or more of the following visible minority groups:

- Black (e.g. African, African American, African Canadian, Caribbean)
- East Asian (e.g. Chinese, Japanese, Korean, Polynesian)
- South Asian (e.g. Indian, Pakistani, Sri Lankan, Bangladeshi)
- Southeast Asian (e.g. Burmese, Cambodian, Filipino, Laotian, Malaysian, Thai, Vietnamese)
- West Asian (e.g. Arabian, Armenian, Iranian, Israeli, Lebanese, Palestinian, Syrian, Turkish)
- Latin American (e.g. Mexican, Indigenous Central and South American)
- Mixed origin, please specify: \_\_\_\_\_

8. Do you self-identify with, or have ancestry as an Aboriginal person (status or non-status Indian, Métis or Inuit)?

- Yes
- No

Are there any additional comments you would like to add about your graduate student experience at this university?

