



# National Survey of Student Engagement 2007

## The College Student Report

**1** In your experience at your institution during the current school year, about how often have you done each of the following? Mark your answers in the boxes. Examples:  or

	Very often	Often	Some-times	Never
	▼	▼	▼	▼
a. Asked questions in class or contributed to class discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Made a class presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Prepared two or more drafts of a paper or assignment before turning it in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Worked on a paper or project that required integrating ideas or information from various sources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Included diverse perspectives (different races, religions, genders, political beliefs, etc.) in class discussions or writing assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Come to class without completing readings or assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Worked with other students on projects <b>during class</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Worked with classmates <b>outside of class</b> to prepare class assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Put together ideas or concepts from different courses when completing assignments or during class discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Tutored or taught other students (paid or voluntary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Participated in a community-based project (e.g., service learning) as part of a regular course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Used an electronic medium (listserv, chat group, Internet, instant messaging, etc.) to discuss or complete an assignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Used e-mail to communicate with an instructor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Discussed grades or assignments with an instructor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Talked about career plans with a faculty member or advisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Discussed ideas from your readings or classes with faculty members outside of class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Received prompt written or oral feedback from faculty on your academic performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Very often	Often	Some-times	Never
	▼	▼	▼	▼
r. Worked harder than you thought you could to meet an instructor's standards or expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Worked with faculty members on activities other than coursework (committees, orientation, student life activities, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Discussed ideas from your readings or classes with others outside of class (students, family members, co-workers, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Had serious conversations with students of a different race or ethnicity than your own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Had serious conversations with students who are very different from you in terms of their religious beliefs, political opinions, or personal values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2** During the current school year, how much has your coursework emphasized the following mental activities?

	Very much	Quite a bit	Some	Very little
	▼	▼	▼	▼
a. <b>Memorizing</b> facts, ideas, or methods from your courses and readings so you can repeat them in pretty much the same form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <b>Analyzing</b> the basic elements of an idea, experience, or theory, such as examining a particular case or situation in depth and considering its components	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. <b>Synthesizing</b> and organizing ideas, information, or experiences into new, more complex interpretations and relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. <b>Making judgments</b> about the value of information, arguments, or methods, such as examining how others gathered and interpreted data and assessing the soundness of their conclusions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. <b>Applying</b> theories or concepts to practical problems or in new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3 During the current school year, about how much reading and writing have you done?**

- a. Number of assigned textbooks, books, or book-length packs of course readings
- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| None                     | 1-4                      | 5-10                     | 11-20                    | More than 20             |
- b. Number of books read on your own (not assigned) for personal enjoyment or academic enrichment
- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| None                     | 1-4                      | 5-10                     | 11-20                    | More than 20             |
- c. Number of written papers or reports of **20 pages or more**
- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| None                     | 1-4                      | 5-10                     | 11-20                    | More than 20             |
- d. Number of written papers or reports **between 5 and 19 pages**
- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| None                     | 1-4                      | 5-10                     | 11-20                    | More than 20             |
- e. Number of written papers or reports of **fewer than 5 pages**
- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| None                     | 1-4                      | 5-10                     | 11-20                    | More than 20             |

**4 In a typical week, how many homework problem sets do you complete?**

- |  |             |            |            |            |                    |
|--|-------------|------------|------------|------------|--------------------|
|  | <b>None</b> | <b>1-2</b> | <b>3-4</b> | <b>5-6</b> | <b>More than 6</b> |
|  | ▼           | ▼          | ▼          | ▼          | ▼                  |
- a. Number of problem sets that take you **more** than an hour to complete
- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
- b. Number of problem sets that take you **less** than an hour to complete
- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

**5 Mark the box that best represents the extent to which your examinations during the current school year have challenged you to do your best work.**

- |             |                          |                          |                          |                          |                          |                          |                          |           |
|-------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------|
| Very little |                          |                          |                          |                          |                          |                          |                          | Very much |
| ▼           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ▼         |
|             | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        |           |

**6 During the current school year, about how often have you done each of the following?**

- |  |                   |              |                   |              |
|--|-------------------|--------------|-------------------|--------------|
|  | <b>Very often</b> | <b>Often</b> | <b>Some-times</b> | <b>Never</b> |
|  | ▼                 | ▼            | ▼                 | ▼            |
- a. Attended an art exhibit, play, dance, music, theater, or other performance
- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
- b. Exercised or participated in physical fitness activities
- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
- c. Participated in activities to enhance your spirituality (worship, meditation, prayer, etc.)
- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
- d. Examined the strengths and weaknesses of your own views on a topic or issue
- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
- e. Tried to better understand someone else's views by imagining how an issue looks from his or her perspective
- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
- f. Learned something that changed the way you understand an issue or concept
- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

**7 Which of the following have you done or do you plan to do before you graduate from your institution?**

- |  |             |                   |                          |                         |
|--|-------------|-------------------|--------------------------|-------------------------|
|  | <b>Done</b> | <b>Plan to do</b> | <b>Do not plan to do</b> | <b>Have not decided</b> |
|  | ▼           | ▼                 | ▼                        | ▼                       |
- a. Practicum, internship, field experience, co-op experience, or clinical assignment
- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|
- b. Community service or volunteer work
- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|
- c. Participate in a learning community or some other formal program where groups of students take two or more classes together
- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|
- d. Work on a research project with a faculty member outside of course or program requirements
- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|
- e. Foreign language coursework
- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|
- f. Study abroad
- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|
- g. Independent study or self-designed major
- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|
- h. Culminating senior experience (capstone course, senior project or thesis, comprehensive exam, etc.)
- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|

**8 Mark the box that best represents the quality of your relationships with people at your institution.**

- a. Relationships with **other students**
- |   |                          |                          |                          |                          |                          |                          |                          |  |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| Unfriendly, Unsupportive, Sense of alienation |                          |                          |                          |                          |                          |                          |                          | Friendly, Supportive, Sense of belonging |
| ▼   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ▼  |
|   | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        |  |
- b. Relationships with **faculty members**
- |                                       |                          |                          |                          |                          |                          |                          |                          |                                 |
|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------------|
| Unavailable, Unhelpful, Unsympathetic |                          |                          |                          |                          |                          |                          |                          | Available, Helpful, Sympathetic |
| ▼                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ▼                               |
|                                       | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        |                                 |
- c. Relationships with **administrative personnel and offices**
- |                                 |                          |                          |                          |                          |                          |                          |                          |                                |
|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------------|
| Unhelpful, Inconsiderate, Rigid |                          |                          |                          |                          |                          |                          |                          | Helpful, Considerate, Flexible |
| ▼                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ▼                              |
|                                 | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        |                                |

**9 About how many hours do you spend in a typical 7-day week doing each of the following?**

a. Preparing for class (studying, reading, writing, doing homework or lab work, analyzing data, rehearsing, and other academic activities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hours per week	0	1-5	6-10	11-15	16-20	21-25	26-30	More than 30
b. Working for pay <b>on campus</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hours per week	0	1-5	6-10	11-15	16-20	21-25	26-30	More than 30
c. Working for pay <b>off campus</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hours per week	0	1-5	6-10	11-15	16-20	21-25	26-30	More than 30
d. Participating in co-curricular activities (organizations, campus publications, student government, fraternity or sorority, intercollegiate or intramural sports, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hours per week	0	1-5	6-10	11-15	16-20	21-25	26-30	More than 30
e. Relaxing and socializing (watching TV, partying, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hours per week	0	1-5	6-10	11-15	16-20	21-25	26-30	More than 30
f. Providing care for dependents living with you (parents, children, spouse, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hours per week	0	1-5	6-10	11-15	16-20	21-25	26-30	More than 30
g. Commuting to class (driving, walking, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hours per week	0	1-5	6-10	11-15	16-20	21-25	26-30	More than 30

**10 To what extent does your institution emphasize each of the following?**

	Very much	Quite a bit	Some	Very little
a. Spending significant amounts of time studying and on academic work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Providing the support you need to help you succeed academically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Encouraging contact among students from different economic, social, and racial or ethnic backgrounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Helping you cope with your non-academic responsibilities (work, family, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Providing the support you need to thrive socially	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Attending campus events and activities (special speakers, cultural performances, athletic events, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Using computers in academic work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**11 To what extent has your experience at this institution contributed to your knowledge, skills, and personal development in the following areas?**

	Very much	Quite a bit	Some	Very little
a. Acquiring a broad general education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Acquiring job or work-related knowledge and skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Writing clearly and effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Speaking clearly and effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Thinking critically and analytically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Analyzing quantitative problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Using computing and information technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Working effectively with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Voting in local, state, or national elections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Learning effectively on your own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Understanding yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Understanding people of other racial and ethnic backgrounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Solving complex real-world problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Developing a personal code of values and ethics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Contributing to the welfare of your community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Developing a deepened sense of spirituality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**12 Overall, how would you evaluate the quality of academic advising you have received at your institution?**

Excellent  
 Good  
 Fair  
 Poor

**13 How would you evaluate your entire educational experience at this institution?**

Excellent  
 Good  
 Fair  
 Poor

**14 If you could start over again, would you go to the same institution you are now attending?**

Definitely yes  
 Probably yes  
 Probably no  
 Definitely no

15 Write in your year of birth:

16 Your sex:  
 Male  Female

17 Are you an international student or foreign national?  
 Yes  No

18 What is your racial or ethnic identification? (Mark only one.)  
 American Indian or other Native American  
 Asian, Asian American, or Pacific Islander  
 Black or African American  
 White (non-Hispanic)  
 Mexican or Mexican American  
 Puerto Rican  
 Other Hispanic or Latino  
 Multiracial  
 Other  
 I prefer not to respond

19 What is your current classification in college?  
 Freshman/first-year  Senior  
 Sophomore  Unclassified  
 Junior

20 Did you begin college at your current institution or elsewhere?  
 Started here  Started elsewhere

21 Since graduating from high school, which of the following types of schools have you attended other than the one you are attending now? (Mark all that apply.)  
 Vocational or technical school  
 Community or junior college  
 4-year college other than this one  
 None  
 Other

22 Thinking about this current academic term, how would you characterize your enrollment?  
 Full-time  Less than full-time

23 Are you a member of a social fraternity or sorority?  
 Yes  No

24 Are you a student-athlete on a team sponsored by your institution's athletics department?  
 Yes  No (Go to question 25.)

On what team(s) are you an athlete (e.g., football, swimming)? Please answer below:

25 What have most of your grades been up to now at this institution?  
 A  B+  C+  
 A-  B  C  
 B-  C- or lower

26 Which of the following best describes where you are living now while attending college?  
 Dormitory or other campus housing (not fraternity/sorority house)  
 Residence (house, apartment, etc.) within walking distance of the institution  
 Residence (house, apartment, etc.) within driving distance of the institution  
 Fraternity or sorority house

27 What is the highest level of education that your parent(s) completed? (Mark one box per column.)

Father	Mother	
<input type="checkbox"/>	<input type="checkbox"/>	Did not finish high school
<input type="checkbox"/>	<input type="checkbox"/>	Graduated from high school
<input type="checkbox"/>	<input type="checkbox"/>	Attended college but did not complete degree
<input type="checkbox"/>	<input type="checkbox"/>	Completed an associate's degree (A.A., A.S., etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Completed a bachelor's degree (B.A., B.S., etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Completed a master's degree (M.A., M.S., etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Completed a doctoral degree (Ph.D., J.D., M.D., etc.)

28 Please print your major(s) or your expected major(s).

a. Primary major (Print only one.):

b. If applicable, second major (not minor, concentration, etc.):

## THANKS FOR SHARING YOUR VIEWS!

After completing the survey, please put it in the enclosed postage-paid envelope and deposit it in any U.S. Postal Service mailbox. Questions or comments? Contact the National Survey of Student Engagement, Indiana University, 1900 East Tenth Street, Eigenmann Hall Suite 419, Bloomington IN 47406-7512 or nsse@indiana.edu or www.nsse.iub.edu. Copyright © 2006 Indiana University.