*AWE Undergraduate STEM*

*Mentee Pre-Participation Survey-Undergraduate Version*

*Note: Identifying information (e.g. name, student #) is optional questions. All flexible questions are highlighted yellow: change these to fit your audience and program. REMOVE THIS LINE BEFORE IMPLEMENTING THE SURVEY!*

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Please **PRINT** your first and last name.)

**College Student Number (if available):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**College or University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your major as of today (Check one):**

|  |  |  |  |
| --- | --- | --- | --- |
| 🞎 | Pre Engineering | 🞎 | Engineering Science |
| 🞎 | Aerospace  | 🞎 | Environmental |
| 🞎 | Agricultural  | 🞎 | General Engineering |
| 🞎 | Architectural | 🞎 | Industrial  |
| 🞎 | Bioengineering  | 🞎 | Materials |
| 🞎 | Chemical | 🞎 | Mechanical |
| 🞎 | Civil | 🞎 | Nuclear |
| 🞎 | Computer Engineering | 🞎 | Petroleum |
| 🞎 | Computer Science | 🞎 | Undecided |
| 🞎 | Electrical | 🞎 | Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**As of today, I am a: (Choose one)**

|  |  |  |  |
| --- | --- | --- | --- |
| 🞎 | First-year Student  | 🞎 | Fourth-year Student  |
| 🞎 | Second-year Student  | 🞎 | Fifth-year Student and above |
| 🞎 | Third-year Student | 🞎 | Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Where were you immediately before starting at this institution? (Check one)**

|  |  |  |  |
| --- | --- | --- | --- |
| 🞎 | High School  | 🞎 | Military  |
| 🞎 | Another College or University | 🞎 | Working a full-time job |
| 🞎 | Vocational/technical school | 🞎 | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**AWE Undergraduate STEM Mentee Pre-Participation Survey**

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Today’s Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **My goals for participating in the mentoring program are:** (Check only three.)

|  |  |  |  |
| --- | --- | --- | --- |
| 🞎 | Meet <add discipline> faculty | 🞎 | Learn about <add discipline> |
| 🞎 | Meet other <add discipline> students | 🞎 | Help me to do well in <add discipline> studies |
| 🞎 | Meet other women <add discipline> students | 🞎 | Help me decide on an <add discipline> major |
| 🞎 | Keep in touch with the WIE (Women in <add discipline>) program on campus | 🞎 | Help me with career and job search skills |
| 🞎 | Other: please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Do you spend leisure time with others interested in engineering, math or science? (Check one 🞎 Yes 🞎 No**
2. **Do you spend leisure time with other women interested in engineering, math or science?**

 (Check one) **🞎 Yes 🞎 No**

### How much time do you typically spend studying during a typical week? For each category below, enter the estimated percentage of time per week that you spend for each, adding up to a total of 100 %.

|  |  |
| --- | --- |
| **Study Practice** | **% Time** |
| Studying alone | \_\_\_\_\_% |
| Studying with other <add discipline> students | \_\_\_\_\_% |
| Studying with other students who are not <add discipline> students | \_\_\_\_\_% |
| Other: (Please specify). | \_\_\_\_\_% |
| Total: | \_\_\_\_\_% |

1. **Where do you most often study? (Check one)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 🞎 | My room | 🞎 | Tutoring or study center | 🞎 | The library  | 🞎 | Off campus |
| 🞎 | Other:  |

1. **How much do you agree or disagree with each of the statements below?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Agree** | **Agree Somewhat** | **Disagree Somewhat** | **Disagree** | **Not Applicable** |
| When I participate in <add discipline> professional societies or other extracurricular activities, I feel welcome. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| I enjoy working with other students on group work outside of classes. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| I attend faculty office hours at least once a week. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| The <add discipline> school/college offers me the support and help when I need it. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| I have many friends who are studying <add discipline>. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| Some faculty members know me by name.  | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| I have family members or close family friends who are engineers or scientists. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

1. **With which part of your institution do you most strongly identify? (Check one)**

 🞎 My dorm or residence hall community

 🞎 The college or school of <add discipline>

 🞎 My <add discipline> department (e.g. civil, bio)

 🞎 The Women in <add discipline> or Multicultural <add discipline> Program

 🞎 An <add discipline> student group in which I’m involved (e.g. SWE, ASME)

 🞎 A non-<add discipline> student group in which I’m involved (e.g. intramural sports, marching band)

 🞎 Other; please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **How confident are you that you will:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Not at all Confident** | **Not Confident;** | **Fairly Confident** | **Very Confident** |
| Be enrolled in any major in the college or school of <add discipline> in the next academic year?  | 🞎 | 🞎 | 🞎 | 🞎 |
| Complete any <add discipline> degree (any <add discipline> major)?  | 🞎 | 🞎 | 🞎 | 🞎 |
| Complete any degree (any major) at this institution?  | 🞎 | 🞎 | 🞎 | 🞎 |

1. **Gender:**

|  |  |  |  |
| --- | --- | --- | --- |
| 🞎 | Male | 🞎 | Female |

1. **Race / Ethnicity / Citizenship: (Check a maximum of two)**

|  |  |  |  |
| --- | --- | --- | --- |
| 🞎  | Black/African American | 🞎 | White American |
| 🞎  | American Indian/Alaskan Native | 🞎 | Foreign National on student visa |
| 🞎  | Asian & Pacific American | 🞎 | Foreign National/U.S. Resident (green card) |
| 🞎  | Latina/Latino/Hispanic American | 🞎 | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Thank you for completing this survey!**