**Dissertation Institute Faculty Survey**

1. Name:
2. Position:
3. Institution:
4. Ethnicity:
5. Race:
6. Gender:
7. Applicant Student Name:

Please fill out the following questions regarding the student that is applying for the Dissertation Institute.

1. My student is a good researcher.

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

1. I communicate with my student on a regular basis.

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

1. My student and I communicate well about expectations for each other.

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

1. My student is open and accepting of feedback on their degree progress.

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

1. I believe my student is committed to completing the doctoral degree.

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

1. My student meets my expectations with respect to progress towards degree completion.

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

1. My student is a strong writer.

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

Please fill out the following questions in 300 words or less concerning the student applying to the Dissertation Institute.

1. How do you typically motivate this student in their academic tasks? Please give specific examples.

1. What would you consider to be this student’s strengths?

1. What would you consider to be this student’s weaknesses?

1. What would you hope your student gains from the Dissertation Institute?

I acknowledge that in order for my student’s application to be considered complete this form needs to be email to dissertationinstitute@gmail.com. **You must type your full name for this form to be deemed complete.**

Type Name:

Please email your filled form to [dissertationinstitute@gmail.com](mailto:dissertationinstitute@gmail.com).