

CONFIDENTIAL STUDENT EXPERIENCE SURVEY

For each question please choose one answer only, except where noted. Fill in the appropriate oval.

MARKING INSTRUCTIONS:

CORRECT MARK ● **INCORRECT MARK** ✗

• Use a No. 2 pencil or blue or black ink only.

• Make no stray marks on this form.

• Do not use pens with ink that soaks through the paper. • Do not tear or mutilate this form.

• Make solid marks that fill the oval completely.

10. What is your best guess as to the chances that you will:

- | | Strong
Chance | Some
Chance | Little
Chance | No
Chance |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| a) Leave college permanently without graduating..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b) Not attend one or more semesters before graduating..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c) Transfer to another CUNY college before graduating..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d) Transfer to a college outside of CUNY before graduating..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

11. During the current school year, about how many hours do you spend in a typical week doing each of the following?

- | | 0
hrs/week | 1-5
hrs/week | 6-10
hrs/week | 11-20
hrs/week | Over 20
hrs/week |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a) Preparing for class (studying, reading, writing, rehearsing, and other activities related to your academic program)..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b) Attending classes and labs..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c) Participating in activities on campus outside of class (clubs, athletics, student government, etc.)..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d) Providing care for other people (parents, children, spouse, etc.)..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e) Traveling to and from campus..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f) Doing volunteer work..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

12. This semester, about how many hours per week have you spent working for pay?.....

1-20 hrs/week	21-34 hrs/week	35 or more hrs/week	0 hrs/week
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Do you have a computer at home? Yes No

14. During the current school year how often have you...

- | | Very Often | Often | Occasionally | Never |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| a) Handed in an assignment using email?..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b) Had an on-line tutorial?..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c) Looked at a course's web page?..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d) Found information about registration, testing, or other college-related information on-line?..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e) Searched on-line for information for a class assignment?..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f) Used email to communicate with a classmate about an assignment?..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g) Communicated with a professor using email?..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h) Used a computer in a computer lab?..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i) Used a computer during a class?..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j) Participated in an on-line class discussion?..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| k) Participated in an on-line class discussion using a discussion board?..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| l) Used a computer at school to do an assignment for school?..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| m) Used a computer at work to do an assignment for school?..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| n) Used a computer at home to do an assignment for school?..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

15. Based on your experiences at this college, please indicate your level of agreement or disagreement with the following statements.

- | | Strongly
Agree | Agree | Disagree | Strongly
Disagree |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| a) Generally, students at this college are friendly..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b) I often feel out of place at this college..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c) Students from different racial and ethnic groups get along well at this college..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d) Most students at this college have values that are different from mine..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e) Generally students set high standards of academic achievement for themselves..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f) I would like to spend more time on campus doing things not required for class such as clubs, athletics, student government, etc..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



12) Indicate your level of satisfaction with each of the Counseling and Personal Services listed below. If you have not used the service, or it is not available at your college, fill in the oval in the last column.

	Very Satisfied	Satisfied	No Opinion	Dissatisfied	Very Dissatisfied	Not Used or Don't Know
a) Personal counseling.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Career planning & placement.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Student health services.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) New student orientation.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Child care services.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Services for students with disabilities.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Cultural programs & activities (art/music/theater).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) College social activities.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



13) Indicate your level of satisfaction with each of the services listed below. If you have not used the service, or it is not available at your college, fill in the oval in the last column.

	Very Satisfied	Satisfied	No Opinion	Dissatisfied	Very Dissatisfied	Not Available/ Not Used or Don't know
a) Cafeteria/food services.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Campus bookstore.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Availability of restrooms.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Cleanliness of restrooms.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Availability of elevator/escalators.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Condition of buildings and grounds.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Campus security.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



14) If you could start college over, would you choose to attend this college?

- Definitely Yes Probably Yes Uncertain Probably No Definitely No



15) Do you currently have health insurance or belong to a health maintenance organization (HMO)?

- Yes No



16) If YES, what is the source of your primary health insurance or HMO?

(Choose one, only.)

- a) Parents' policy.....
- b) Spouse's policy.....
- c) Benefits at job.....
- d) Policy purchased as a student of this college
- e) Individual policy with a private health insurer
- f) Medicaid.....
- g) Veteran's health benefits.....
- h) Other.....



17) What is your current marital status?

- a) Never married.....
- b) Married/domestic partner.....
- c) Divorced.....
- d) Separated.....
- e) Widowed.....
- f) Other.....



18) What is your best estimate of the total income in your household last year? Consider income from all sources before taxes.

- a) Less than \$10,000
- b) \$10,000 to \$14,999
- c) \$15,000 to \$19,999
- d) \$20,000 to \$24,999
- e) \$25,000 to \$29,999
- f) \$30,000 to \$39,999
- g) \$40,000 to \$49,999
- h) \$50,000 to \$59,999
- i) \$60,000 to \$69,999
- j) \$70,000 or more



19) How many people (including yourself) are supported by this income?

- 1 2 3 4 5 6 7 8+



17a) Do you have any children that you are supporting?

- Yes No



17b) If YES...

- a) Are any under 5 years old?..... Yes No
- b) Are any between 5 and 12 years old?..... Yes No
- c) Are any between 13 and 18 years old?..... Yes No

17001

Thank you for your help. Please put the questionnaire in the return envelope (no postage needed) and mail it as soon as possible.