



U.S. Department of Transportation
Maritime Administration

A Maritime System that Serves America
With American Ships and American Labor

OMB No. 2133-0528

U.S. MERCHANT MARINE ACADEMY PROGRAM PERFORMANCE SURVEY

Dear Alumnus:

We value your feedback and would like to know how well we are meeting your needs. Please take a few moments to complete the following questions regarding the U.S. Merchant Marine Academy and return this postage paid mailer to us or fax it to (202) 366-3969. For your convenience, you may respond electronically through MARAD's Home Page (<http://www.marad.dot.gov>). This survey takes approximately 6 minutes to complete.

Academy Evaluation

1. Please indicate the type of organization you represent: (Circle one)

Government/Federal-State Marine Engineering	Shipbuilder/Repairs Steamship Company	Vessel Chartering/ Brokerage Operations
Municipal/State Port Authorities	Stevedoring Company	Vessel Manager
Naval Architecture	Tugs/Barge Company	Vessel Owner
Port/Terminal		Other (Please Specify) _____

Circle number indicating performance level (1 equals unsatisfactory - 5 equals excellent)

2. How successful was the Academy in preparing you for your career?	1	2	3	4	5
3. How would you rate the Academy regarding your enrollment?					
Guidance to Ensure You Complete Required Curriculum Within 4 Years	1	2	3	4	5
Guidance to Ensure You Select Bachelor Degree/License Best for You	1	2	3	4	5
Job Placement After Graduation	1	2	3	4	5

Graduate and Postgraduate Evaluation

4. How long have you been an alumnus of the Academy?

(Circle one) 1 to 10 years 11 to 20 years 21 to 30 years 30+ years

5. How often do you interact with MARAD on a yearly basis?

(Circle one) 2 times or less 3 to 5 times 6 to 8 times more than 8 times

6. How did you fulfill your Maritime Service Obligation upon graduation?

- a. Served as a merchant marine officer aboard vessels documented under the laws of the United States or on vessels owned and operated by the United States or by any state or territory of the United States? _____
- b. Serve as an employee in a U.S. maritime-related industry, profession, or marine science (as determined by the Department of Transportation) if the Secretary determines that service as a merchant marine officer is unavailable? _____
- c. Serve as a commissioned officer on active duty in an armed force of the United States or in the National Oceanic and Atmospheric Administration? _____
- d. By combining the services specified above? _____
- e. Other (Please Specify) _____

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

7. Why did you select the Academy? _____

8. Are there any additional courses you feel the Academy should offer Midshipmen? Yes ___ No ___
Please List: _____

9. Have you taken courses offered by GMATS? Yes ___ No ___
If yes, what classes? _____

10. Have you participated in either of the GMATS Master of Arts Programs offered through the American Military University? Yes ___ No ___
If yes, which program? Master of Arts in Transportation Management ___
Master of Arts in Management ___

11. Have you participated in any of the Military and Government Programs? Yes ___ No ___
If yes, which ones? _____

12. Of the categories of courses offered, which was most helpful to your career?
Nautical Science ___ Marine Engineering ___
Transportation, Logistics, and Management ___ Research and Special Projects ___

13. If you had a choice to do it over again, would you attend the Academy? Yes ___ No ___
If no, why? _____

14. Would you encourage individuals to enroll in the Academy if they met the requirements? Yes ___ No ___
If no, why? _____

15. Please provide comments, suggestions for improvement, or suggested benchmarks or standards for comparable or analogous service from other sources:

16. Is MARAD's information in clear and easy to understand plain language? Yes ___ No ___
If no, please attach a sample or provide a brief explanation.

17. Would you like a MARAD or USMMA employee to call to discuss comments? Yes ___ No ___
If yes, please provide the information indicated below. If no, optional
Name: _____ Telephone No.: _____
Organization: _____ City, State, Zip: _____

FOR OFFICE USE ONLY

Organizational Code _____
Program Activity Code: _____ Date Mailed: _____

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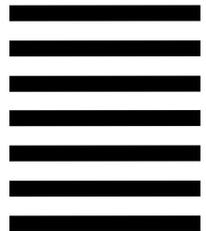


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