

Syracuse University

School of Architecture Alumni Survey

Fill out the form below by choosing the responses that best represent your situation. When you have completed the survey, click on the submit button at the bottom of the form to submit your survey.

Your participation in this survey is voluntary and your responses are completely confidential. This survey is posted on a remote server operated by an independent research unit. Your responses will be collected electronically, and no reference will be made in any report that would link you to the study. The report will summarize the data only to the level that insures individual anonymity. This survey is for alumni/ae of our school only.

1. In which field(s) do you work?

- | | | |
|--|---|--|
| <input type="checkbox"/> Academia | <input type="checkbox"/> Fashion Design | <input type="checkbox"/> Owner Representative |
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Furniture/Product Design | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Government | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Graphics | <input type="checkbox"/> Software Design |
| <input type="checkbox"/> Construction Manager | <input type="checkbox"/> IT Support | <input type="checkbox"/> Stage/Set Design |
| <input type="checkbox"/> Development | <input type="checkbox"/> Interior Design | <input type="checkbox"/> Urban Design/Planning |
| <input type="checkbox"/> Dot Com | <input type="checkbox"/> Landscape Design | <input type="checkbox"/> Web Design |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Law | <input type="checkbox"/> Writer/Publisher |
| <input type="checkbox"/> Exhibit Design | <input type="checkbox"/> Lighting Design | |
| <input type="checkbox"/> Facilities Management | <input type="checkbox"/> Marketing | |
| <input type="checkbox"/> Other: (Please specify) | <input type="text"/> | |

2. For the position that is your major source of income, what is your title?

Please click the button next to most appropriate title. [Click here for definitions of titles.](#)

- | | | |
|---|---|--|
| <input type="checkbox"/> Architect 1 | <input type="checkbox"/> Construction Manager | <input type="checkbox"/> Job Captain |
| <input type="checkbox"/> Architect 2 | <input type="checkbox"/> Design Coordinator | <input type="checkbox"/> Marketing Director |
| <input type="checkbox"/> Architect 3 | <input type="checkbox"/> Designer, Senior | <input type="checkbox"/> Network Administrator |
| <input type="checkbox"/> Architect/Designer, Junior | <input type="checkbox"/> Director | <input type="checkbox"/> Partner |
| <input type="checkbox"/> Architect/Designer, Senior | <input type="checkbox"/> Director of Design | <input type="checkbox"/> President |
| <input type="checkbox"/> Architect, Graduate | <input type="checkbox"/> Draftsperson | <input type="checkbox"/> Principal |
| <input type="checkbox"/> Architectural Designer | <input type="checkbox"/> Graphic Designer | <input type="checkbox"/> Professor |
| <input type="checkbox"/> Associate | <input type="checkbox"/> Interior Designer | <input type="checkbox"/> Professor, Adjunct |
| <input type="checkbox"/> Associate, Senior | <input type="checkbox"/> Intern 1 | <input type="checkbox"/> Project Architect |
| <input type="checkbox"/> CAD Manager | <input type="checkbox"/> Intern 2 | <input type="checkbox"/> Project Manager |
| <input type="checkbox"/> CAD Operator | <input type="checkbox"/> Intern 3 | <input type="checkbox"/> Vice President |
| <input type="checkbox"/> Assistant (specify) | <input type="text"/> | |
| <input type="checkbox"/> Other: (Please specify) | <input type="text"/> | |

3. What is your annual salary for the title you chose above, NOT including overtime and bonus/profit sharing?

3a. If you work **FULL-TIME** (35-40 hours per week) please type in your annual salary.
If you get paid hourly, please multiply your hourly rate by 2,080 to calculate your annual salary.

FULL-TIME salary:

3b. If you work **PART-TIME** please type in your annual salary and the average number of hours you work **PER WEEK**. If you get paid hourly, please type in your hourly rate.

PART-TIME salary (or hourly rate):

Average hours worked PER WEEK:

4. How many years have held your current title?
Please round up to the nearest year. For example, if 5 months or less, choose less than 1 year, if 6 months or more, choose 1 year.

5. Do you do "freelance" architectural work?

- Yes
- No

6. If yes, is it your main source of income or only supplemental?

- main source of income
- only supplemental

7. Using an "X", note **up to 3** responsibilities that consume most of your time:

- | | | |
|---|--|---|
| <input type="checkbox"/> Business Management | <input type="checkbox"/> Facilities Management | <input type="checkbox"/> Schematics |
| <input type="checkbox"/> CAD, Drafting | <input type="checkbox"/> Field Work/Site Visits | <input type="checkbox"/> Specifications |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> IT Management | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Construction Admin. | <input type="checkbox"/> Marketing/Sales | <input type="checkbox"/> Technical Coordination |
| <input type="checkbox"/> Construction Documents | <input type="checkbox"/> Model Building/Presentation | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Construction Mgmt. | <input type="checkbox"/> Planning | |
| <input type="checkbox"/> Design Development | <input type="checkbox"/> Project Mgmt | |
| <input type="checkbox"/> Other (Please specify): | <input type="text"/> | |

8. What is your gender?

- Male
- Female

9a. How does your firm compensate for overtime?

- Time and 1/2 for hourly employees
- Straight time for hourly employees
- Comp time (time off equal to overtime hours worked)
- Overtime not compensated

9b. Has your firm changed (or is it planning to change) the overtime compensation policy as a result of the new labor law?

- Yes
- No
- Don't Know

10. Please put an "X" next to the benefits you get:

- | | | |
|---|---|---|
| <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Other retirement benefit | <input type="checkbox"/> Employee Assistance Plan |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Paid holidays | <input type="checkbox"/> Tuition Reimbursement |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Paid vacation | <input type="checkbox"/> Company Vehicle |
| <input type="checkbox"/> Disability insurance | <input type="checkbox"/> Paid sick days | <input type="checkbox"/> Cab Fare for overtime nights |
| <input type="checkbox"/> Life Insurance | <input type="checkbox"/> Dress down days | <input type="checkbox"/> Free meals when you work overtime |
| <input type="checkbox"/> Flexible Spending Accounts | <input type="checkbox"/> Casual dress code | <input type="checkbox"/> Company "outings" or "picnics" |
| <input type="checkbox"/> Annual Bonus | <input type="checkbox"/> Paid Maternity Leave | <input type="checkbox"/> Paid Parking or Commuter Subsidy |
| <input type="checkbox"/> Quarterly Bonus | <input type="checkbox"/> Adoption Assistance | <input type="checkbox"/> Conference Fees/ Continuing Ed classes |
| <input type="checkbox"/> Profit-sharing | <input type="checkbox"/> Unpaid Family Leave | <input type="checkbox"/> Registration Exam fees full or partial |
| <input type="checkbox"/> Stock Options | <input type="checkbox"/> Health Club | <input type="checkbox"/> Professional membership fees |
| <input type="checkbox"/> 401 K | <input type="checkbox"/> Flex Hours | |
| <input type="checkbox"/> Other (please specify): | <input type="text"/> | |

11a. When an individual is promoted in your firm, what are the **3 most important** criteria?

- | | | |
|--|---|---|
| <input type="checkbox"/> Creativity | <input type="checkbox"/> Marketing Skills | <input type="checkbox"/> Seniority |
| <input type="checkbox"/> Client Development | <input type="checkbox"/> Peer Reviews | <input type="checkbox"/> Team-player |
| <input type="checkbox"/> Initiative | <input type="checkbox"/> "Politics" | <input type="checkbox"/> Unknown Criteria |
| <input type="checkbox"/> Licensure | <input type="checkbox"/> Quality of Work | |
| <input type="checkbox"/> Leadership | <input type="checkbox"/> Quantity of Work | |
| <input type="checkbox"/> Other (please specify): | <input type="text"/> | |

11b. If you received a raise in the last 12 months, what is the percentage of increase, not including bonuses? For example, if your salary changed from 40k to 42k the increase is 5%.

12. In what area is your particular office located?

Major metropolitan area:

Other state/country/territory:

Other (please specify):

13. Does your firm have offices located outside of the USA?

- Yes
- No

14. What is the total number of employees in your firm including all offices?

15. What is your firm's client base? Check the top 3.

- | | | |
|--|---|--|
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Community | <input type="checkbox"/> Industrial | <input type="checkbox"/> Religious |
| <input type="checkbox"/> Criminal Justice | <input type="checkbox"/> Labs/Research Facilities | <input type="checkbox"/> Residential |
| <input type="checkbox"/> Education | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Resort/Hotel |
| <input type="checkbox"/> Entertainment/Restaurant | <input type="checkbox"/> Multiple Family | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Finance/Banking | <input type="checkbox"/> Museum/Gallery | <input type="checkbox"/> Students |
| <input type="checkbox"/> Government | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Health Care | <input type="checkbox"/> Office | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Historic Restoration/
Preservation | <input type="checkbox"/> Performing Arts | <input type="checkbox"/> Urban Design/Planning |
| <input type="checkbox"/> Other (please specify): | <input type="text"/> | |

16. Are you enrolled in or have you completed IDP?

- Yes
- No

17. Are you licensed?

- Yes
- No

18. Please indicate the year and degree for each level of education completed:

Level	Year of Graduation	Degree
Undergraduate	<input type="text"/>	<input type="text"/>
Graduate	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>

If you would like to be notified when results are posted, please type your email address below:
No reference will be made in any report that would link you to the study. The report will summarize the data only to the level that insures individual anonymity.

If you have questions about the survey or career services offered by the school, please contact Connie Caldwell at cbcaldwe@syr.edu.

To visit the School of Architecture website: <http://soa.syr.edu>