

MINNESOTA STATE COLLEGES AND UNIVERSITIES

Graduate Follow-up Survey

Part A: Graduate Contact Information

Name (While in School) _____

Program/Major(s) _____

Date of Graduation ____ (month) ____ (day) ____ (year)

Please indicate who is responding to this survey. (Check only **one** response.)

Graduate Spouse/Domestic Partner Parent/Guardian
 Institutional Staff Employer Other Family Member

Part B: Continuing Education

1. Since graduation have you obtained or are you pursuing (**accepted or enrolled** at an institution) **another** degree, diploma, or certificate? (Please check only **one** response.)

Yes ⇒ Continue with this part.

No ⇒ Go to Part C, Item 4.

Please write the complete name of the institution and its location.

Institution _____ City _____ State _____

2. What degree have you obtained or are you pursuing?

Certificate Diploma Associate Bachelor's Master's
 Specialist First Professional (e.g. dentistry, law, medicine) Doctorate

3. What was the date you started or were accepted to this program? ____ (month) ____ (day) ____ (year)

Part C: Employment Information

4. Have you started, accepted, or continued a paying job following graduation? (Include self-employment, Peace Corps, military service, or religious mission. Please check only **one** response.)

Yes ⇒ Continue with Items 5 through 10.

No ⇒ Go to Part D, Item 11.

5. If you answered yes to Item 4 and you reported continuing education in Part B, please indicate in which group you prefer to be included. (Check only **one**.) **Employment** **Continuing Education**

6. Please provide the following information about your job. If you have held or accepted more than one job, please provide information on what you consider to be the **most important**.

Employer/Firm Name _____

City _____ State _____ Country _____

Job Title/Position or Job Duties _____

7. Is the position **on average** considered to be (please check only **one** response): **Full-time** or **Part-time**

8. What was the date you started or accepted this job? ____ (month) ____ (day) ____ (year)

9. How related is/was this job to the program from which you graduated? (Please check only **one** response.)

Related **Somewhat Related** **Unrelated**

Note -- Your job is related at least to some degree if it meets any of the following criteria:

- You were required to complete your program or major in order to qualify for this job;
- You are/were using knowledge and skills on your job acquired through your program or major; or
- Your job is/was an entry-level position required in order to obtain a job for which you were trained.

If you checked *Unrelated*, continue with Item 10. Otherwise, you have finished the survey. Please sign your name and enter the date at the end of the survey.

(over)

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Part C: Employment Information *(continued)*

10. Are you actively seeking a job related to your program or major? (Please check only **one** response.)

Yes

No ⇒ **Reasons why you might not be seeking a related job include the following.**

- Occupational License or Certification Pending
- Medical Condition Preventing Work in Field of Study
- Completed Program for Personal Satisfaction
- Cannot Relocate for Related Employment
- Family/Home Responsibilities
- Continuing Education
- Military/Volunteer/Religious Service
- Took Unrelated Work by Choice

You have finished the survey. Please sign your name and enter the date at the end of the survey.

Part D: Not Currently Employed

Answer Item 11 only if you checked "No" in response to Item 4 on the previous page.

11. Which of the following describes your status? (Please check only **one** response.)

Not Currently Employed, Actively Seeking Employment

Not Currently Employed, **Not** Actively Seeking Employment ⇒ **Reasons why you might not be seeking employment include the following.**

- Occupational License or Certification Pending
- Medical Condition Preventing Work
- Completed Program for Personal Satisfaction
- Cannot Relocate for Related Employment
- Family/Home Responsibilities
- Continuing Education
- Incarcerated
- International Student Returned to Homeland

You have finished the survey. Please sign your name and enter the date below.

Signature of the Graduate (or person completing or responding to the survey)

Date: _____(month) _____(day) _____(year)

Please Print Your Name _____ **Phone (including area code)** _____

-THANK YOU-

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