MINNESOTA STATE COLLEGES AND UNIVERSITIES
Graduate Follow-up Survey

- If you have secured related employment or plan to continue your education, please complete form and return OR
- If you are unsure of employment or continuing education, please complete Part A and sign the back of form and return.

**Part A: Graduate Contact Information**

Name (While in School)_____________________________________________________
Program/Major(s)_________________________________________________________
Address_________________________________________________________________
Date of Graduation: _______ (month) _______ (year)
Campus Attended: _______ (EGF) _______ (TRF)
Student Id: _______________________________________________________________

EMAIL ADDRESS:_____________________________________________________________________________________
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_____________________________________________
   Start date____________________ Starting wage_______________________________

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 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.

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 • Family/Home Responsibilities
   • Medical Condition Preventing Work in Field of Study • Continuing Education
   • Completed Program for Personal Satisfaction • Military/Volunteer/Religious Service
   • Cannot Relocate for Related Employment • 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 includes the following.
   • Occupational License or Certification Pending • Family/Home Responsibilities
   • Medical Condition Preventing Work • Continuing Education
   • Completed Program for Personal Satisfaction • Incarcerated
   • Cannot Relocate for Related Employment • 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-