

# Office of Career Services

## Graduate Exit Survey

**(YOU MUST COMPLETE ALL QUESTIONS OR WE WILL NOT SIGN YOUR FORM!)**

These survey results must be submitted to the US Department of Education and National Association of Colleges and Employers

Please fill out this Graduate Survey.

Name: \_\_\_\_\_  
Last Name First Name MI

E-Mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Present Address \_\_\_\_\_  
Street Address/ Apt. No. City State Zip

Permanent Address \_\_\_\_\_  
Street Address City State Zip Country

Graduation Date: \_\_\_\_\_ Major: \_\_\_\_\_

Work Authorization: US Citizen/ H-1 Visa/ F-1/ Restricted

Placement Type: Full-Time/ Part-Time/ Military/ Volunteer/ Internship/ Co-op

Will You Be Attending Graduate School: YES NO

If So,  
Graduate School: \_\_\_\_\_ Graduate School Location: \_\_\_\_\_

Are You Employed? YES NO

If So, Are You Employed in Your Field? YES NO

Did You Ever Have Any Internships/ Co-Ops while in school? YES NO

Please Enter New or Current Employer Information:

Employer Name: \_\_\_\_\_

Start Date: \_\_\_\_\_ City, State: \_\_\_\_\_

Job Title: \_\_\_\_\_

Compensation Type: Salary/ Hourly/ Stipend Compensation Range: \_\_\_\_\_  
(MUST GIVE SALARY RANGE!)

THANK YOU AND CONGRATULATIONS FROM THE OFFICE OF CAREER SERVICES