

## Alumni Survey

We would love to hear how your education has shaped your journey. Fill the checkboxes completely using a blue or black pen. Your responses help us support graduates like you.

### About you

Year of graduation

Program or major

### Your experience

Please rate your agreement with the following statements.

*Please cross one in each line*

My education prepared me well for my career

I would recommend this institution to others

I feel connected to the alumni community

The institution keeps me well informed

| Strongly disagree     | Disagree              | Neutral               | Agree                 | Strongly agree        |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

### Where you are now

What is your current status?

*(Please cross one)*

- ☐ Employed full time
- ☐ Employed part time
- ☐ Self-employed
- ☐ Continuing education
- ☐ Seeking work

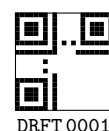
How would you like to stay involved?

*(Please cross all that apply)*

- ☐ Networking events
- ☐ Mentoring students
- ☐ Guest speaking
- ☐ Donating
- ☐ Reunions

### Help us improve

To respond ☒ or ☐



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How can we better support our alumni?

Thank you for staying in touch. Please return this form to the alumni office or drop box.

PREVIEW

To respond ☒ or ☐

