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

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
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	◯	◯	◯	◯	◯

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 ●

DRFT 0001

How can we better support our alumni?

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

To respond ⊗ *or* ●

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