

# MINNESOTA STATE COLLEGES AND UNIVERSITIES

## Graduate Follow-up Survey

[starting with the Class of 2000]

### 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/ Partner/Roommate                       Parent/Guardian  
 Institutional Staff                       Employer                       Other Family Member

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### Part B: Continuing Education

1. Within 12 months following graduation have you obtained or pursued (**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.

2. What was the date you started or were accepted to this program? \_\_\_\_ (month) \_\_\_\_ (day) \_\_\_\_ (year)

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

Institution \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

3. 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

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### Part C: Employment Information

4. Have you started, accepted, or continued a paying job in the 12 months 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**

In items 6 through 9 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 job**.

6. What was the date you started or accepted this job? \_\_\_\_ (month) \_\_\_\_ (day) \_\_\_\_ (year)

7. Employer/Firm Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Job Title/Position or Job Duties \_\_\_\_\_

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

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.**

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**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.**

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**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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