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

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

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.

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.

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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