

**MINNESOTA STATE COLLEGES AND UNIVERSITIES**  
**Graduate Follow-up Survey**

- *If you have secured related employment or plan to continue your education, please complete form and return **OR***
- *If you are unsure of employment or continuing education, please complete Part A and sign the back of form and return.*

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**Part A: Graduate Contact Information**

Name (While in School) \_\_\_\_\_

Program/Major(s) \_\_\_\_\_

Address \_\_\_\_\_

Date of Graduation: \_\_\_\_\_ (month) \_\_\_\_\_ (year)

Campus Attended: \_\_\_\_\_ (EGF) \_\_\_\_\_ (TRF)

Student Id: \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

Please indicate who is responding to this survey. (Check only **one** response.)

\_\_\_\_\_ Graduate      \_\_\_\_\_ Spouse/Domestic Partner      \_\_\_\_\_ Parent/Guardian

\_\_\_\_\_ Institutional Staff      \_\_\_\_\_ Employer      \_\_\_\_\_ Other Family Member

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**Part B: Continuing Education**

1. Since graduation have you obtained or are you pursuing (**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.

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

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

2. 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

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

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**Part C: Employment Information**

4. Have you started, accepted, or continued a paying job 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**

6. 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**.

Employer/Firm Name \_\_\_\_\_

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

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

Start date \_\_\_\_\_ Starting wage \_\_\_\_\_

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

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

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 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.**

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 • Family/Home Responsibilities
- Medical Condition Preventing Work in Field of Study • Continuing Education
- Completed Program for Personal Satisfaction • Military/Volunteer/Religious Service
- Cannot Relocate for Related Employment • 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 includes the following.**

- Occupational License or Certification Pending • Family/Home Responsibilities
- Medical Condition Preventing Work • Continuing Education
- Completed Program for Personal Satisfaction • Incarcerated
- Cannot Relocate for Related Employment • 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-**