UNIVERSITY OF DELAWARE

COLLEGE OF Engineering 2010 Post-Graduation Activities Survey

The University is seeking information about your post-graduation plans. This information assists several offices in planning programs and services. All responses are confidential. Please complete the survey and return it with your name card or leave it on your seat.

UD ID:
Gender: 1. Male 2. Female
Residence Status While at UD: 1. Resident 2. Non Resident
Student Status: 1. Undergraduate 2. Graduate
Degree Date: 1. Fall 2. Winter 3. Spring 4. Summer
Degree(s) Received:
Major:

- A. Please circle the *one* item below which best describes your employment status upon graduation:
 - 1. I hold or have accepted a full-time job.
 - 2. I hold or have accepted a parttime job.
 - 3. I am in or about to enter the military.
- 4. I am not seeking a job, because I am pursuing my education.
- 5. I am not pursuing a job at this time.
- 6. I am actively seeking employment at this time.
- B. Please circle *all* of the Career Services Center's services you utilized as a student:
 - 1. Career Services Web site
 - 2. Career workshop/program
 - 3. Career library

Name:

- 4. Individual career appointment
- 5. Internship, part-time or summer job database

- 6. IM, Facebook, e-mail communication
- 7. Campus interview program
- 8. Blue Hen Jobs database
- 9. Job or career fairs
- 10. Other, please specify:



Do you desire further assistance/career counseling from the Career Services Center? 1. Yes 2. No

If yes, please provide your post-graduation contact information:

	Street Address			Apartn	nent # / P.0	Box	OX	
	City	S	tate			Zip		
	E-mail Address							
the	following:				loyment,	please complete		
							-	
Employ	er:							
City: _	ty: State:							
Salary:	(Confidentia	al) \$				_		
Was a s	signing bonu	us offered? 1	Yes	2.	No	Amount: \$		
1. 2. 3.	Internship/0 Part-time/S	this position? Co-op summer employe erview program		8. 9.	Faculty	/Friends referral		
	Other job fa	air		11.	Own res	search		
6.	Job listed in	n Blue Hen Jobs		12.	Other, p	lease specify:		
Name o	of Graduate	tend graduate so School: e:				se complete the fo	llowing:	
Type of	Degree:	 Master's Doctorate 				rtificate Program		
	v would you versity of De	rate your overa elaware?	ll educ	ationa	ıl experie	ence at the		
1.	Excellent	2. Good	3. Fa	air	4. Poo	or		

Thank you for participating!