UNIVERSITY OF DELAWARE
2004 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 to the Bookstore.

SSN: __________ - _____ - __________

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

If yes, please provide your current address:

___________________________________________________________
___________________________________________________________

Street Address Apartment # / P.O. Box

City State Zip

Please turn over
C. If you are employed or have accepted employment, please complete the following:

Job Title: _____________________________________________________

Employer: ____________________________________________________

City: _______________________________ State: __________________

Salary (Confidential): $_____________________________

D. If you plan to attend graduate school next year, please complete the following:

Name of Graduate School: ________________________________

Academic Discipline: ________________________________

Type of Degree: 1. Master’s  3. Professional

E. How would you rate your overall educational experience at the University of Delaware?

1. Excellent  3. Fair
2. Good       4. Poor

Thank you for participating!