

MINNESOTA STATE COLLEGES AND UNIVERSITIES
St. Cloud Technical College 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) Social Security # _____

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 degree have you obtained or are you pursuing?
 Certificate Diploma Associate Bachelor's Master's Specialist

3. 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 _____

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, 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 item 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 _____

Starting Wage (wage you will receive after graduation) \$ _____ per hr. \$ _____ per mo. \$ _____ per yr.

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

(OVER)

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 are 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, skip item 10 and go to Part E, item 12.

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

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	• 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

Part E: Job Leads

12. Do you want job leads sent to you (yes indicates that you are actively seeking employment)? yes no

13. If yes, indicate which geographic area? Central MN Twin City Area Anywhere

14. What is your current address and phone # (w/area code)?
 Address _____
 City _____ State _____ Zip Code _____
 Telephone # w/area code () _____ Backup # () _____

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)** _____

Tennessee Warning

SCTC is asking graduate follow-up information and requests your cooperation in order to provide summary information about your program of study to students and prospective students. Under Minnesota and federal law the requested information is public information if you are no longer attending SCTC. You are not legally required to provide the information SCTC is requesting.