

# UNIVERSITY OF DELAWARE

## 2007 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 in the enclosed business reply envelope.

Name: \_\_\_\_\_

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 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*) \$\_\_\_\_\_

Was a signing bonus offered?    1. Yes    2. No    Amount: \$\_\_\_\_\_

How did you obtain this position?

- |                              |                             |
|------------------------------|-----------------------------|
| 1. Internship/Co-op          | 7. Resume referral from CSC |
| 2. Part-time/Summer employee | 8. Faculty referral         |
| 3. Campus interview program  | 9. Parents/Friends referral |
| 4. UD job fair               | 10. Internet site           |
| 5. Other job fair            | 11. Own research            |
| 6. Job listed in eRecruiting | 12. Other, please specify:  |

\_\_\_\_\_

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  
                          2. Doctorate    4. Non-Degree Certificate Program

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!**