

Example of Exit Survey for Graduating Seniors

Department of _____

Feedback on Your Educational Experience

Please indicate your agreement with the following statements:

I believe that the (BA/BS/MA/MS) program in (program) has enabled me to gain the following skills and abilities:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
(learning outcome)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(learning outcome)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(learning outcome)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(learning outcome)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(learning outcome)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(learning outcome)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you have any suggestions for how to improve the program?: _____

Are there additional undergraduate majors or specializations that you would like to see AUC offer in (program)? _____

Do you intend on working in the field of (program) or a closely related field? ___ Yes ___ No

Do you intend to continue on to graduate study? ___ Yes ___ No. If yes, at AUC? ___ Yes ___ No If no, where? _____

What are your career plans?: _____

Are there any programs or specializations at the graduate level in (program) that you would like AUC to offer? _____

-----*(tear here)*-----

Optional (Kindly complete this section and leave it with the professor or department secretary. It will not be attached in any way to your comments above. This information will help ensure that we can remain in contact with you.)

Name: _____ ID: _____ Expected Grad. Date: _____

Contact Information:

Address: _____

District: _____ City: _____ Postal Code: _____

State (if applicable): _____ Country: _____

Is this your parents' address?: ___ Yes ___ No Telephone (landline): _____ Mobile Phone: _____

Email (Please give us an email address that you will check regularly and do not expect to change.): _____

Second email address: _____

Employment Information:

(If you have already been hired at a position following graduation, please give us this information.)

Company Name: _____

Position Title: _____ Expected Start Date: _____

Company Address: _____ District: _____ City: _____ Postal Code: _____

State (if applicable): _____ Country: _____