

GRADUATE EXIT INTERVIEWS

DIV: _____

PROGRAM: _____

Name: *Last, first, middle (maiden)* _____

TODAY'S DATE: ____ / ____ / ____

Sex: Male Female

Date of birth: ____ / ____ / ____

SSN: _____

If married, Spouse's Name: *Last, first, middle (maiden)* _____

SSN: _____

Is your spouse an OSU graduate or attending OSU? Graduate Attending Other:

ADDRESS AFTER GRADUATION (All alumni correspondence will be mailed to this address)

Street _____ City _____ State _____ Zip Code _____

Home phone _____ Cell phone _____ Other contact number _____

E-mail address: _____

LIST A PERSON WHO WILL ALWAYS KNOW HOW TO CONTACT YOU, OTHER THAN YOUR SPOUSE

Name _____ Relationship to you _____

Street _____ City _____ State _____ Zip Code _____

Home phone _____ Cell phone _____ Other (use back if necessary) _____

Degree: A.S. A.A.S. B.T.

Graduation date (mo/yr): ____ / ____

| Internships: How useful was your internship, in terms of : | Very Useful | Somewhat Useful | Not Sure | Somewhat Useless | Very Useless | Not Applicable |
|--|-------------|-----------------|----------|------------------|--------------|----------------|
| Value? | 5 | 4 | 3 | 2 | 1 | 0 |
| Timing? | 5 | 4 | 3 | 2 | 1 | 0 |
| Pay? | 5 | 4 | 3 | 2 | 1 | 0 |
| Effect? | 5 | 4 | 3 | 2 | 1 | 0 |
| Educational experience? | 5 | 4 | 3 | 2 | 1 | 0 |

List licenses/certifications earned (use back if needed): _____

List honors/awards you received (use back if needed): _____

Are you now, or have you recently been hired to work in a permanent position doing work taught in your program? NO* (skip to final section) YES start date: ____ / ____ / ____

If "YES," Job type: Full employment Probationary employment Internship Other: _____

Company Name: _____

Location: _____

Job title: _____

Owner/Manager: _____ phone: _____

Supervisor's Name: _____ phone: _____

On average, how many hours do you work at this job per week? (Use back to explain further, if needed)

N/A < 20 20-34 35-40 41-48 > 48 Other: _____

| | | | |
|--------------------------------------|---------------|--------------|-------------|
| Gross pay for position listed above: | annual: _____ | month: _____ | hour: _____ |
|--------------------------------------|---------------|--------------|-------------|

*If not employed doing the work taught in your program, what are your plans upon graduation?

Seek employment (List any companies with whom you have interviewed on back)

Work in an unrelated field: _____

Continue education (where): _____

Active military (branch): _____

Other: _____