

GRADUATE EXIT INTERVIEWS

DIVISION: _____

PROGRAM: _____

Today's date: ____/____/____

Name _____ Date of birth: _____

Sex _____ Race _____ Soc. Sec. or Campus-wide ID: _____

If married, Spouse's Name: _____

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 _____ 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pay?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 do the work taught in your field of study?

(If "NO", skip to final section*)

If "YES", start date: _____

Job type: Full employment Probationary employment Internship Other: _____

Company Name _____ phone _____

Address _____

Job Title _____ how many hours/week? _____

Owner/Manager _____

Immediate Supervisor _____

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 (If required by your division, list any companies with whom you have interviewed on back)
- Work in an unrelated field: _____
- Continue education (where): _____
- Active military (branch): _____
- Other: _____