

## Graduate Follow-up Survey

Student Name:	Student ID or Date of Birth:
Address:	City, State & Zip code:
Telephone:	E-mail address:
Current Status: Please check all tha	at apply to you.
Employed, related field	Employed, unrelated field
Continuing Education	Military service, full time
Unemployed	Not in labor force or not pursuing education
Overall Rating What is your overa	all rating of the technical training received?
•	ood Good Poor Very Poor)
2. Would you recommend W	'ATC to a colleague or friend? (Yes No)
3. Did you sit for a certification/ licensing exam associated with your program? (Yes No N/A)	
a. If Yes, Name exam	·
b. Did you pass the ex	kam? (Yes No)
Employment & Other Data: If emp	ployed, please complete each item below.
Name of Employer:	
Company Mailing Address:	
City, State, Zip:	Company phone #:
Name of Supervisor:	
Your Salary information: Monthly	or Hourly rate: