



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 that apply to you.

Employed, related field

Employed, unrelated field

Continuing Education

Military service, full time

Unemployed

Not in labor force or not pursuing education

1. Overall Rating

What is your overall rating of the technical training received?

(Very Good Good Poor Very Poor)

2. Would you recommend WATC 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 exam? (Yes No)

Employment & Other Data: If employed, 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: _____