

EMPLOYMENT DATA NEEDED FOR MS GRADUATES

Please complete the following form regarding your employment after graduation. This information is kept confidential unless consent is given by you to publish on our alumni page of the website (see bottom of this page.) We are required to report employment statistics to the university and maintain those records for 10 years.

Student Name: _____ Date of Graduation: _____

E-mail address: _____ Degree Received: MS

Country of Employment: _____

State of Employment: _____

City of Employment: _____

Type of Employment/Study (one of four choices, please complete the information that applies)

1. Non-Academic

Type of Industry: _____
(US Federal Government, US State Government, US Local, Government, Industry or Business, Self-employed, Non-Profit, Other)

Date of Employment: _____

Title of Position: _____

Name of Organization: _____

2. Academic

Date of Employment: _____

Title of Position: _____

Name of Organization: _____

3. PhD Program

University _____

Subject _____

4. No Job Found At This Time _____ (Check Here)

Salary (range): _____ Full or Part-Time Employment: _____

Comments: _____

Do you consent to our department releasing the information contained on this form (excluding salary) on the alumni section of our website?

_____ Yes _____ No

Student Signature _____ Date: _____