

PIVOTAL UNIVERSITY LOGO

Alumni Questionnaire

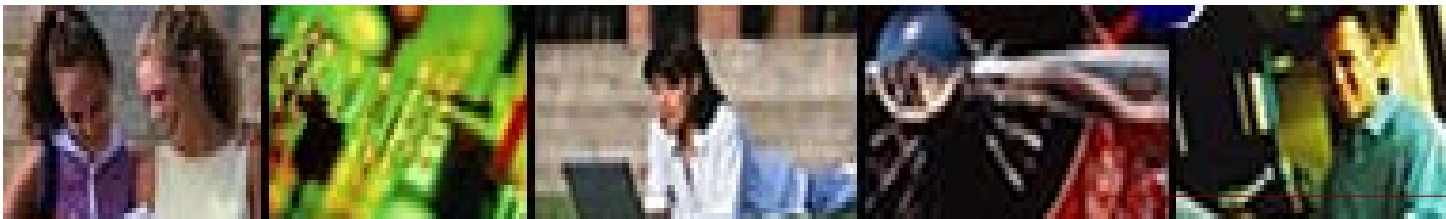
WELCOME

Now that you are out of school, you undoubtedly have thoughts of how well Pivotal University prepared you for your current job and the services that we can provide you in the future to help you propel your career. Your feedback will help us improve our programs for alumni, current and future students.

Please take a few minutes to complete this survey. Your candid feedback is appreciated.

INSTRUCTIONS:

Please click on the box corresponding to your desired response and type responses where appropriate.



Alumni Questionnaire Part 1

1) What year did you graduate from Pivotal University? 2004 2005 2006 Other _____

2) What degree did you obtain? Diploma Associate Bachelor Masters

3) From which Campus did you graduate?

4) From which Pivotal University program did you graduate?

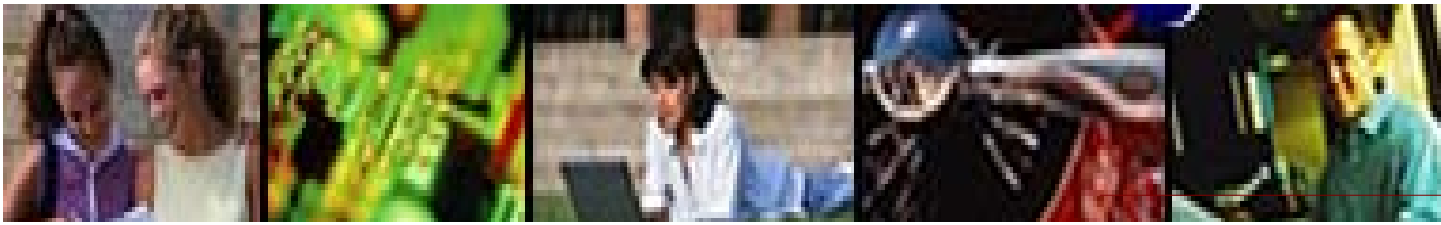
Bachelor Degree Programs

Associate Degree Programs

Diploma Programs

5) Are you currently employed in your field of study? Yes No

If not, when do you anticipate being employed in your field of study?

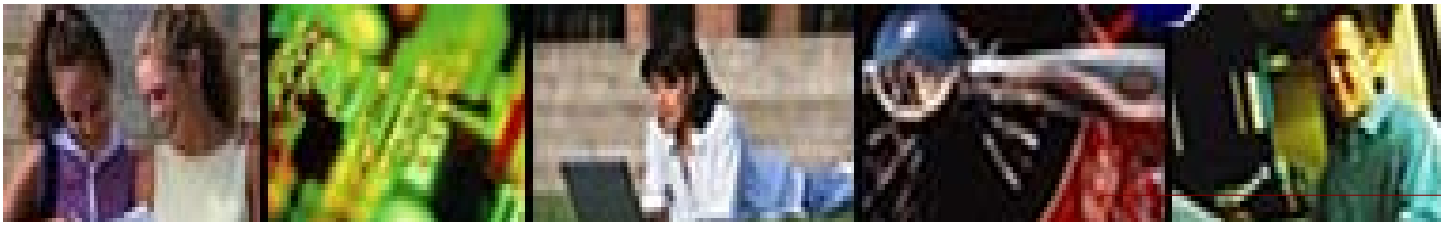


Alumni Questionnaire Part 2

6) If employed in your field of study, to what extent are you using the skills listed below in your current job:

	Almost Never	Rarely	Sometimes	Frequently	Almost Always
a) Technical knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Hands-on technical skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Working as part of a team or group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Writing emails, memos, reports and/or presentations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Giving oral presentations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments _____



Alumni Questionnaire Part 3

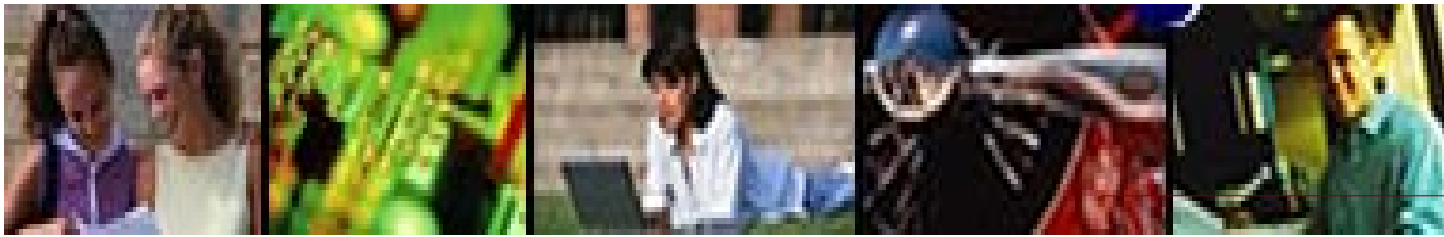
7) Please rate your skills in the following areas upon graduating from Pivotal University:

	Poor	Fair	Good	Strong	Excellent	N/A
a) Your ability to identify companies you might enjoy working for and jobs you might enjoy doing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Your ability to research companies, network with other professionals, and look for a job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Your ability to write a cover letter and a resume	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Your ability to interview for a job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8) Please rate the level of service you received from the Pivotal University Career Center:

	Poor	Fair	Good	Excellent	N/A
a) Communication and follow-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Coaching and feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Resources that enabled you to conduct a job search	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Job leads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments _____



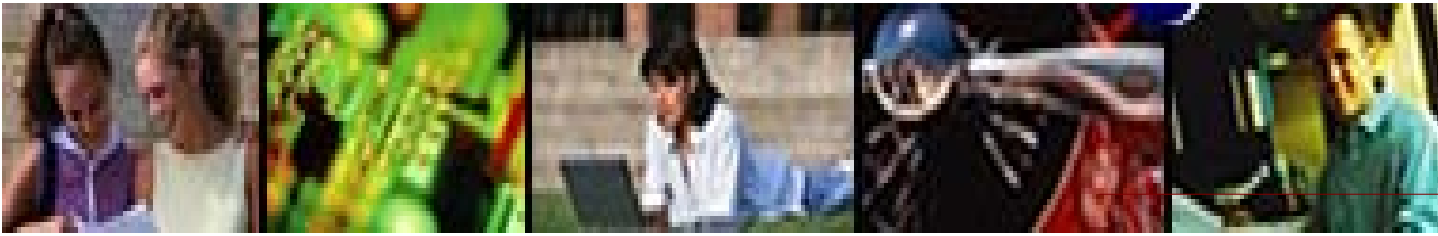
Alumni Questionnaire Part 4

9) List the four most critical skills that you use most frequently at your current job:

- A. _____
- B. _____
- C. _____
- D. _____

10) List the four best things about Pivotal University:

- A. _____
- B. _____
- C. _____
- D. _____



Alumni Questionnaire Part 5

11) What four specific improvements can Pivotal University make that would be helpful to students?

A. _____

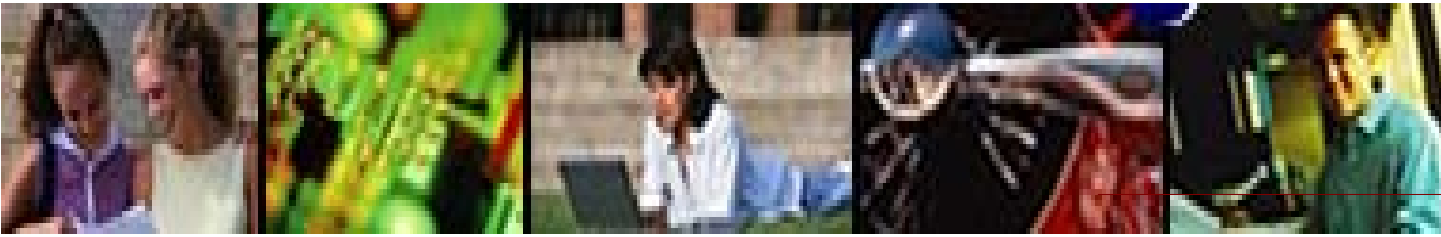
B. _____

C. _____

D. _____

12) Please rate the quality of services you received from Pivotal University after graduation:

	Poor	Fair	Good	Excellent	N/A
a) Information on Bachelor Degrees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Communication about alumni services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Information about auditing classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Assistance from Financial Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Customer service provided by the Business Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Customer service provided by the faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Timeliness of final grades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Alumni Questionnaire Part 6

13) What additional information would you like to receive about Pivotal University programs (Check all that apply)

- Hiring interns and/or graduates at your company
- Speaking to a class
- Advising on the future of your degree program
- Mentoring a student
- Alumni events
- Free retraining
- Career assistance
- Commencement speaker
- Providing a testimonial of your experience
- New Bachelor Programs
- Refer a friend (fill out info to right)

Do you wish to refer a friend to Pivotal University?
Please share their information below. Thank you.

Name _____

Daytime Phone _____

Evening Phone _____

Cell Phone _____

Address 1 _____

Address 2 _____

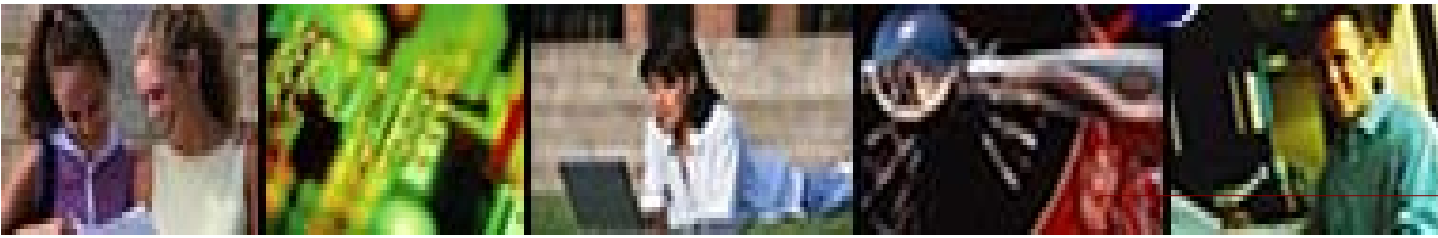
City _____

State _____ Zip _____

Email _____

[*back*](#)

[*forward*](#)



Alumni Questionnaire Part 7

Thank you for completing this confidential survey!

Please provide your name below if you like would to receive information on Pivotal University programs and future alumni events.

Your name will not be associated or published with the survey results.

Name _____

Phone Day _____ **Evening** _____ **Cell** _____

Address _____

City _____ **State** _____ **Zip** _____

Email _____

Best method to reach you? Phone Email Mail

Best time of day to call? Morning Afternoon Evening

back