

ALUMNI SURVEY

Date of Graduation_____

Degree obtained at Graduation_____

Your Name_____

1. Employment position prior to receiving current degree.

2. List jobs held since graduation.

Position

Settings

Date(s)

3. List certification(s)/advanced degrees received since graduation.

Certification

Date Received

(No initials please)

4. List professional/personal awards or recognition since graduation.

List any recommendation(s) for overall improvement of the Nursing Program.

How would you rate your M.U.W. education with regard to the following?

	Excellent	Good	Average	Poor
Clinical judgment	_____	_____	_____	_____
Organization	_____	_____	_____	_____
Communication	_____	_____	_____	_____
Clinical skills	_____	_____	_____	_____
Accountability	_____	_____	_____	_____
Leadership	_____	_____	_____	_____
Responsibility	_____	_____	_____	_____
Health teaching	_____	_____	_____	_____

Rate your overall satisfaction with your M.U.W. Nursing Program.

	Very		Somewhat	Not
Exceptional	satisfactory	Satisfactory	satisfactory	satisfactory
1	2	3	4	5
_____	_____	_____	_____	_____