



FPCC Graduate Survey – Confidential

Graduating Year: _____ Program of Study _____

Name: _____ ID#: _____

Other Names Used: _____ Current Phone: _____ Cell: _____

Mailing Address: _____ City: _____ State: _____

Physical Address: _____ Current email address: _____

FPCC may want to contact you in the future to join us for celebrations, alumni dinners, or for assessment data collection and to update your file. How would you prefer we contact you? (Check one :)

Text: _____ Email: _____ Letter: _____ Facebook: _____ Telephone: _____

Do you plan to transfer to another institution? (Check One) YES _____ NO _____ UNDECIDED _____

If so, where and what degree will you be pursuing? _____

Are you currently employed? YES ___ NO ___ If so, where and what position do you hold? _____

If you are not employed, do you plan on applying, and if so, where? _____

Do you plan to attend FPCC again in the future? (Check One) YES _____ NO _____

Please Rate your advisor's help in preparing you for graduation? Inadequate Fair Average Good Excellent
☐ ☐ ☐ ☐ ☐

How satisfied are you with your education at FPCC? Inadequate Fair Average Good Excellent
☐ ☐ ☐ ☐ ☐

How satisfied were you with your Course Requirements? Inadequate Fair Average Good Excellent
☐ ☐ ☐ ☐ ☐

How satisfied were you with your overall instruction? Inadequate Fair Average Good Excellent
☐ ☐ ☐ ☐ ☐

Please Rate your Native American Studies courses? Inadequate Fair Average Good Excellent
☐ ☐ ☐ ☐ ☐

Please Rate your preparedness for "life after college"? Inadequate Fair Average Good Excellent
☐ ☐ ☐ ☐ ☐

Please Rate your overall experience with FPCC? Inadequate Fair Average Good Excellent
☐ ☐ ☐ ☐ ☐

Is there anything FPCC can improve upon, such as services, degrees, activities, etc.? _____

Was there anyone who had a major impact on you at FPCC? (Check One) YES _____ NO _____

If so, Who? _____

How did they impact you? _____

Please list one individual that we can use as a contact person should you relocate or we lose contact with you?

1. Name: _____ Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Relationship: _____

Please return this survey to the Registrar's office in the War Eagle Vision Building.