*We'd like to celebrate your graduation success! Each semester we request graduating students complete the Graduate Exit Survey, indicating whether or not you have secured employment or have been accepted into another degree program.*

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|  |
| Date Submitted |
| *(DEPT USE ONLY)* |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Graduate’s Name *(please type or print neatly)* | Graduate’s UTD-ID # ***(Last 4 digits ONLY)*** |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Graduate’s Faculty Advisor *(if applicable)* | Graduation Semester *(Example: Fall 2019)* |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Graduate’s Email Address *(****NOT UTD email address****)* | Graduate’s Contact Phone # |

|  |
| --- |
| **UTD Graduate Degree(s) Earned:** |
|  |
| [ ]  Materials Science and Engineering – **Master’s** | [ ]  Other *(please list below)*: [ ]  Master’s [ ]  PhD |
| [ ]  Materials Science and Engineering – **PhD** |  |
|  | *(Example: Electrical Engineering, Physics, Chemistry)* |

Your post-graduation progress and accomplishments are important to us -- please keep us informed and up-to-date!

**If your contact or employment information changes, please send us an email so we can update our database.**

Please email mseadvising@utdallas.edu with any updates.

|  |
| --- |
| **Post-Graduation Activities:** |
|

|  |
| --- |
| [ ]  **Employed:** |
|  [ ]  Full Time [ ]  Part Time |
| [ ]  **Not Employed:** |
|  [ ]  Offer Pending [ ]  Still Seeking Employment [ ]  Not Seeking Employment |

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|  |
| Employer / Company Name |
|  |
|  |
| City, State, Country |
|  |
|  |  |  |
| Job Title | Start Date *(MM/DD/YYYY)* |
| **Job Type *(please choose one)*:** [ ]  Industry [ ]  Academia [ ]  National Lab |

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| [ ]  **Continuing Education:** |
| *If you are continuing your education, please list the institution you have been ACCEPTED to in the fields provided.* |

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|  |
| Institution |
|  |
|  |
| City, State, Country |
|  |
|  |  |  |
| Degree Major | Degree Level *(PhD, MS)* |

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|  |  |
| [ ]  **Other *(please describe)*:** |

|  |
| --- |
| **Final Defense Location Feedback *(if applicable)*:** |
|  |  |  |
| Location of Final Defense *(Example: SPN 1.121)* | Time Range of Reservation *(Example: 8am – 12pm)* |
|  |
|  |
| Did you experience any problems accessing/entering the room or using the equipment? |  | Did the equipment and features of the room meet your needs? If not, please describe. |
|  |  |  |
| Was there enough seating available for ALL attendees? If not, approximately how many people did not have a seat? |  | Approximately how many people attended?  |
|  |  |  |
| Do you have any other suggestions or feedback related to the scheduling of your defense? |
|  |