



WHERE PLAN TO WORK AFTER GRADUATION

PRINT CLEARLY & LEDGIBLY OR TYPE ALL ANSWERS.
WHEN COMPLETED RETURN TO GRADUATE PROGRAM COORDINATOR

LAST NAME: _____

FIRST NAME: _____

ID NUMBER: _____

SEMESTER GRADUATING: _____

RESEARCH ADVISOR: _____

CELL PHONE # WHERE YOU CAN BE REACHED AFTER GRADUATION: _____

WHERE DO YOU PLAN TO WORK AFTER YOU GRADUATE? (CIRCLE ONE)

- ACADEMIA
- POST DOC
- INDUSTRY/PROFESSIONAL
- GOVERNMENT
- STILL SEEKING EMPLOYMENT
- UNKNOWN

GIVE DETAILS OF JOB (INCLUDING COMPANY NAME, LOCATION, POSITION TITLE,
SUPERVISOR NAME, ETC.):

IF YOU DO NOT HAVE THE INFORMATION ABOVE ON OR BEFORE YOUR GRADUATION THEN IT IS YOUR RESPONSIBILITY TO CONTACT YOUR ADVISOR WITH THIS INFORMATION UPON HIRE OF YOUR FIRST JOB SO THAT THE DEPARTMENT HAS A RECORD OF IT. YOUR SIGNATURE BELOW SHOWS THAT YOU HAVE READ AND UNDERSTAND THIS RESPONSIBILITY AND COMPLETED THIS FORM. THANK YOU!

Signature: _____ Date: _____