

**EXIT QUESTIONNAIRE FOR STUDENTS GRADUATING FROM
THE ARNOLD SCHOOL OF PUBLIC HEALTH UNIVERSITY OF SOUTH CAROLINA**

As part of our accreditation with the Council on Education for Public Health, the Arnold School collects information about our students' employment and further education after graduation. This survey is NOT ANONYMOUS, but your data will be kept confidential.

Which of the following options best describes your primary status after graduation? (Please base your response on currently held positions or official offers only.)

- Employed:** Employed in a full-time or part-time position (not a fellowship, internship, post-doctoral, residency, or volunteer position)
- Training program participant:** Participating in a fellowship, internship, post-doctoral, or residency program)
- Continuing education:** Enrolled in or have been accepted in and planning to enroll in a program of further study or training (e. g., graduate program, medical school, etc.)
- Volunteer:** Participating in a volunteer or service program (e.g., Peace Corps, mission work)
- Not employed, but seeking employment or continuing education:** Not employed but engaged in the job search process or seeking and not enrolled in a program of continuing education/ training.
- Not employed and not seeking employment:** Not employed and not pursuing either employment or continuing education at this time.

[If employed] EMPLOYMENT INFORMATION SECTION

Please enter the following information about your employment after graduation:

Will you be employed in a full-time or part-time position?

- Full-time: Generally defined as 30 hours or more per week
- Part-time: Generally defined as less than 30 hours per week

Name of company or agency where you will be employed (optional): _____

Employer location - city and state (country if outside the US): _____

Job title: _____

Start date (mm/dd/yy): / /

Job function (might not be the same as this job title): _____

Were you employed in this same position prior to/concurrent to earning your degree at the Arnold School? Yes/No

Which of the following best describes your primary employment sector?

- Academic institution:** Includes elementary, secondary, or post-secondary academic institution. [ask academic institution detail]
- Government Agency:** Includes U.S. Federal, State, Local, or Tribal government agency; U.S. Military; or non-U.S. government. [ask government detail]
- Healthcare organization:** Includes hospital or healthcare provider, managed care organization, etc.
- For-profit business, industrial, or commercial firm:** Includes health insurance or health IT company; consulting firm; marketing, public relations, or communications firm; pharmaceutical, biotech, or medical device firm; or other industrial, commercial, or for-profit firm.

Graduate Exit Survey Part 2 (confidential)

- Non-profit organization:** Includes association, foundation, voluntary, NGO, non-profit health insurance, or other non-profit organization
- Self-employed**
- Other sector, please specify below [show other type]

[if other] Other sector _____

[if academic institution] Which of the following best describes your academic employment setting?

- Elementary or secondary academic institution (e.g., public or private school, school district, etc.)
- Post-secondary academic institution (e.g., community college, university, etc.)

[if government sector]: Which of the following best describes your government employment setting?

- U.S. federal government health agency (DHHS, CDC, NIH, HRSA, etc.)
- Other U.S. federal government agency (not a health agency)
- State health department
- Other state government (not health department)
- Local (county or city) health department
- Other local government (not health department)
- Tribal government
- U.S. Military
- Government, non-U.S.

Do you consider your work health-related? Yes/No

Do you consider your work public health-related? Yes/No

Will your work be based in the United States?

- Yes
- No

Prospective students often ask about the range of salaries available to graduates in the many public health disciplines. Please indicate your annual base salary and any guaranteed first year bonus (e.g. sign-on and/or year-end). Your answers will be kept strictly confidential. They will be used to calculate averages; only average data will be shared.

Annual Base Salary: (numerical value in US dollars)_____

First Year Bonus: (numerical value in US dollars; 0 if no bonus)_____

[if continuing education] EDUCATIONAL INFORMATION

Please answer each of the items below about the additional education you are pursuing after graduation.

Select the area of study/program to which you have been accepted and plan to enroll.

- Public health degree/training program
- Medical degree/training program
- Other degree/training program

What degree are you seeking (e.g., MS, MA, MBA, etc.): _

Program/Major: _____

Institution name: _____

Located of institution - city and state (country if outside the US): _____

Will you be you enrolled full or part-time? Full-time/Part-time

[if unemployed seeking or not seeking] UNEMPLOYMENT INFORMATION

Which of these best describes your primary reason for being unemployed or not seeking employment?

- Family or personal reasons
- Enrolled/enrolling in a degree or certificate program
- Unable to find employment related to career goals or area of study
- Unable to find employment at a sufficient level of pay
- Unable to find employment where I live or want to live
- Unable to find any employment
- Other (please specify below) **[show other reason]**

[if other] Other reason _____

POST GRADUATION CONTACT INFORMATION

Faculty and staff at the Arnold School would like to remain engaged with our graduates and to keep you informed about activities at the school. To allow us to do so, please provide information on how we may contact you after graduation.

Preferred e-mail address after graduation _____

Alternate e-mail address _____

Phone number: _____

Can this number receive text messages? Yes/No

Do you have a US or international mailing address? _____

- US address
- International address

Mailing Address Line 1: _____

Mailing Address Line 2: _____

[If US address] City: _____ State: ____ Zip: _____

[If not US address] Country: _____ Postal code: _____