

GRADUATE SURVEY FORM

TO: Candidate for Graduation
FROM: Associate Dean of Academic Studies

<i>Office Use Only</i>
Time to Deg _____ (mths)
Program (circle one): 36-mth 48-mth 60-mth 72-mth

The information requested below is pertinent to the statistical reports of the School of Marine Science and the College of William and Mary. Please return the completed form to the SMS Graduate Registrar, Watermen's 53

NAME IN FULL: _____ SMS Department of Declaration _____

SMS Degree _____ Date of Entry _____ Date of Graduation _____
(Semester/Year)

IMMEDIATE FORWARDING ADDRESS: _____ PERMANENT ADDRESS
(through which you can always be reached): _____

Phone: (Area Code) _____ (Number) _____ Phone: (Area Code) _____ (Number) _____

POSTGRADUATE ACTIVITY

What best describes your immediate postgraduate activity or plans:

Effective Date: _____

_____ OTHER STUDY (Specify): _____

Location: _____

_____ EMPLOYMENT: _____

Name & Address of Employer: _____

Position Title: _____

Work Telephone: _____ EMAIL: _____
(Area Code) Number

PLEASE CHECK A CATEGORY THAT BEST DESCRIBES THE ABOVE POST GRADUATE ACTIVITY:

EDUCATION

___ DOCTORAL STUDIES (DS)

___ EDUCATION (ED) (i.e., secondary or college faculty)

___ EDUCATIONAL INST. (technical or research positions) ___ PRIVATE MANAGEMENT (PM)

___ OTHER Studies (second master's, for example)

PRIVATE

___ CONSULTANT, private company (PC)

___ ENTREPRENEUR (PE)

___ PRIVATE RESEARCH (PR)
___ PRIVATE TECHNICAL (PT)

FEDERAL

___ FEDERAL MANAGEMENT (FM)

___ FEDERAL RESEARCH (FR)

___ FEDERAL TECHNICAL (FT)

STATE

___ STATE MANAGEMENT (SM)

___ STATE RESEARCH (SR)

___ STATE TECHNICAL (ST)

OTHER (SPECIFY): _____

Date: _____ Student's Signature: _____