

**Thomas J. Watson School of Engineering and Applied Science  
EE Alumni Survey Form**

**1. Engaging in Your Career**

- a. Current Employer & Title: \_\_\_\_\_
- b. To what extent does your current position require use (directly or indirectly) of the skills and knowledge gained during your studies at Binghamton University?
- Rating: \_\_\_\_\_ Scale: 1 – 5 with 1 = very little 5 = very much
- c. Mark the areas in which you were best prepared by our program
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Math & Science       | <input type="checkbox"/> Problem Formulation | <input type="checkbox"/> Written Communication |
| <input type="checkbox"/> Engineering Analysis | <input type="checkbox"/> Critical Thinking   | <input type="checkbox"/> Oral Communication    |
| <input type="checkbox"/> Engineering Design   | <input type="checkbox"/> Team Work           | <input type="checkbox"/> Other _____           |
- d. Your approximate salary (circle one)
- <\$50k      \$50k to \$75k      \$75k to \$100k      >\$100k

**2. Enhancing Your Expertise**

- a. List any advanced degrees you have earned or are in the process of earning
- |               |                   |                               |                                     |
|---------------|-------------------|-------------------------------|-------------------------------------|
| <u>Degree</u> | <u>University</u> | <u>Area of Specialization</u> | <u>Date of Degree (or Expected)</u> |
|---------------|-------------------|-------------------------------|-------------------------------------|
- b. List all professional licenses, registrations, etc. that you have earned or are pursuing.
- |  |                           |
|--|---------------------------|
| <u>Credential, License, Registration, Etc.</u> | <u>Date (or Expected)</u> |
|--|---------------------------|
- c. Mark all types of increased responsibility that you have assumed since you began employment.
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Promotion         | <input type="checkbox"/> Increased Leadership Role | <input type="checkbox"/> More Complex Technical Projects |
| <input type="checkbox"/> More Independence | <input type="checkbox"/> Other _____               |  |

**3. Extending Your Learning**

- a. In the past 3 years, how many courses or training programs you have taken (outside of a degree program)?
- |                               |                                |                                |                                      |
|-------------------------------|--------------------------------|--------------------------------|--------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> 1 – 3 | <input type="checkbox"/> 4 – 6 | <input type="checkbox"/> More than 6 |
|-------------------------------|--------------------------------|--------------------------------|--------------------------------------|
- b. In the past 3 years, how many conferences, workshops, trade expos, professional meetings, etc. you have attended?
- |                               |                                |                                |                                      |
|-------------------------------|--------------------------------|--------------------------------|--------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> 1 – 3 | <input type="checkbox"/> 4 – 6 | <input type="checkbox"/> More than 6 |
|-------------------------------|--------------------------------|--------------------------------|--------------------------------------|
- c. Mark the ways in which you keep up-to-date on advancements in your field.
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Trade Magazines | <input type="checkbox"/> Technical Papers  | <input type="checkbox"/> Professional Society Membership |
| <input type="checkbox"/> Web Pages       | <input type="checkbox"/> Short Courses     | <input type="checkbox"/> Other _____                     |
| <input type="checkbox"/> Conferences     | <input type="checkbox"/> In-House Training |  |

**4. Additional Comments. What was good about our program? How could it be improved?**  
(Use the other side of this sheet as needed.)

\_\_\_\_\_

\_\_\_\_\_

**5. Name (optional & please print) or staple your business card here:** \_\_\_\_\_