

# GRADUATION REQUIREMENTS

This form must be completed or your application for graduation will be void.

## WALTERS STATE COMMUNITY COLLEGE STUDENT SUPPORT SERVICES

500 South Davy Crockett Parkway • Morristown, Tennessee 37813-6899

### GRADUATE FOLLOW-UP SURVEY (Please Print)

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First Middle

Permanent Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street Home Work Other

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Fax Phone \_\_\_\_\_  
City State Zip Code

Semester & Year of Graduation \_\_\_\_\_ E-mail Address \_\_\_\_\_  
 Major \_\_\_\_\_ Current Date \_\_\_\_\_

#### EMPLOYMENT INFORMATION (start with most recent)

Name and Address of Employer	Position	Dates: From/To Month/Year
_____ Name _____ Street _____ City State Zip Code _____ Phone	_____ Job Title _____ Supervisor's Name	
_____ Name _____ Street _____ City State Zip Code _____ Phone	_____ Job Title _____ Supervisor's Name	

- What are your educational plans after graduation?  
 Do not plan to continue education at this time  
 Will enroll at \_\_\_\_\_ Date you plan to enter \_\_\_\_\_  
(Name of School)  
 Major \_\_\_\_\_ Part-time \_\_\_\_\_ Full-time \_\_\_\_\_
- What are your employment plans after graduation?  
 Will actively seek employment in my field of training  
 Will continue in my present job  
 Have already accepted employment  
 Employer \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Job Title \_\_\_\_\_ Date of Employment \_\_\_\_\_  
 Will enter the military. Branch \_\_\_\_\_  
 Induction date \_\_\_\_\_  
 Will not seek employment after graduation (please check one of the following):  
 full-time student status     illness     choice     retired     other \_\_\_\_\_

*(continued on back)*

3. Which of the following goals did you have for attending Walters State? (Check all that apply.)

- Complete a technical certificate program
- Complete an associate degree program
- Transfer to a 4-year college or university
- To prepare for a career in my chosen field
- At the request of my present employer or as a requirement to keep my job
- To learn more about a field in which I already worked
- Personal enrichment or self-improvement
- Change careers
- Volunteer work. If so, please give agency name or business \_\_\_\_\_

4. While at Walters State, did you fulfill your educational objective(s)? Yes \_\_\_\_ No \_\_\_\_

### ADDRESSES

(Please list two addresses other than your own of a relative or someone who will know where you can be reached.)

### This section must be completed.

1. Parent's Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

### REGISTRATION STATUS WITH PLACEMENT SERVICES

If you wish to use Placement Services to aid in your job search, please select active status. If active registration is selected, you will need a **typewritten resume** to aid you in your job search. Please submit a resume to Placement Services as soon as possible during the semester you plan to graduate.

Please check one of the following.

- Active registration – you are currently seeking employment and request that Placement Services send information about job openings.
- Inactive registration – you are not currently seeking employment or do not wish to use Placement Services.

### If you have chosen active status, please complete the following:

Type of work desired: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

List cities/counties in which you would consider employment:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

### EMPLOYER FOLLOW-UP AUTHORIZATION

I hereby authorize any present or future employer to complete Walters State's Employer Follow-up Survey for me. I understand that I can revoke this authorization at any time by submitting a written request to the office of Student Support Services.

Signature \_\_\_\_\_

Date \_\_\_\_\_

All referrals and references from WSCC Placement Services are in compliance with Affirmative Action/Equal Opportunity Employer. We comply with Title IX of the Education Amendments of 1972, the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990.