

**Department of Mathematics, Statistics, and Computer Science
Graduate Exit Survey**

To all MSCS Graduate Students:

The Department invites you to share any comments or suggestions you have about our graduate programs or any problems you may have had while attending UIC. Your input will help us improve our graduate program and better serve future students.

This cover page should be filled out and returned to Department of MSCS – Graduate Studies, m/c 249.

The remainder of the form should be completed and returned to Department of MSCS – Department Head, m/c 249. This portion of the survey *is anonymous and the information you provide will remain confidential.*

We appreciate your input and congratulate you on your accomplishments. We wish you the best of luck in your chosen career.

Sincerely,

Director of Graduate Studies

Indicate semester/year of graduation: _____

Name: (last)_____ (first)_____ (ID #)_____

What degree did you receive?

MS Applied Math_____	MS Pure Math_____	MISI_____
MS Statistics_____	MS Computer Science_____	PhD_____
MST Elementary Education_____	MST Secondary Education_____	DA_____

What is the name of the company or institution employing you? _____

What city and state is the company/institution located in? _____

What will your job title be? _____

What is your initial salary? \$_____

Your current mailing address:

Your current e-mail address:_____

Please keep us informed about future changes in your address and employment status.

Return this page to Department of MSCS – Graduate Studies, M/C 249

**Department of Mathematics, Statistics, and Computer Science
Graduate Exit Survey**

*****CONFIDENTIAL*****

What semester and year did you graduate? _____

What degree will you receive?

MS Applied Math____	MS Pure Math____	MISI____
MS Statistics____	MS Computer Science____	PhD____
MST Primary Education____	MST Secondary Education____	DA____

If you are receiving an MS, are you continuing in the Ph.D Program at UIC?

Yes___ No___

For each of the following questions please assign a rating from -3 to 3 using the following scale:

-3	-2	-1	0	1	2	3
-----		-----		-----		
Poor/Low			Average			Excellent/High

- 1) ___ Rate the overall quality of faculty instruction in the courses taken in the Department.
- 2) ___ How well did your courses prepare you for your future career?
- 3) ___ How appropriate were the Master's/Prelim Exams?
- 4) ___ How supportive was the faculty?
- 5) ___ Rate the quality of academic advising you received from the Department.
- 6) ___ How helpful was the Graduate Office? (Director of Graduate Studies, Assistant Director of Graduate Studies, Graduate Secretary)
- 7) ___ How fair were the Department's financial aid decisions?
- 8) ___ How would you describe our graduate program to a prospective student?

If you were a teaching assistant:

- 9) ___ How well did your teaching experience prepare you for teaching and/or improve your communication skills?
- 10) ___ How well did the Department prepare you for your teaching assignment?
- 11) ___ How appropriate was your teaching load?

For MST Students

- 12) ___ How helpful was the practicum?

You may elaborate on any of these questions on the next page.

*PLEASE RETURN THIS FORM MARKED "CONFIDENTIAL" TO MSCS, DEPARTMENT HEAD,
M/C 249*

Please use this page to elaborate on any of the questions on the previous page or to add any comments you feel would be useful. What changes would you suggest for our program?

*PLEASE RETURN THIS FORM MARKED "CONFIDENTIAL" TO MSCS, DEPARTMENT HEAD,
M/C 249*

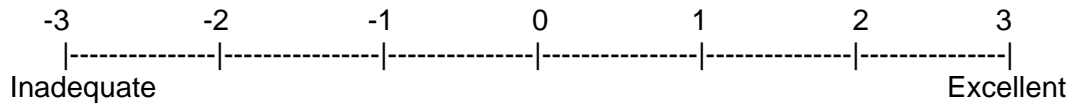
Teacher Evaluation by Graduating Master's Students

*****CONFIDENTIAL*****

Degree: **MS** **MST** **Area of Concentration:** _____

Indicate Semester/Year of Graduation: _____

Instructions: Fill in the course, term, and instructor for each of the Math, MCS, Stat, and MthT courses you have taken at UIC. Please indicate your opinion of the instructor's teaching performance in the course by assigning a rating between -3 and +3.



Course	term	Instructor	Rating	Comments

****Please make comments on our courses and suggestions for improving our programs on the reverse side.**

*PLEASE RETURN THIS FORM MARKED "CONFIDENTIAL" TO MSCS, DEPARTMENT HEAD,
M/C 249*