



Graduate Project Approval Form

Department of Computer Science
Southern Illinois University Carbondale

Date

I hereby recommend that the project prepared under my supervision by

Topic Title

be accepted in partial fulfillment of the requirements for the degree of
Master of Science

In Charge of Project

Recommendation concurred in

1. _____
2. _____
3. _____

Committee
for the
Graduate Project

Computer Science Exit Survey

Date : _____

Name: _____ Student ID # _____

Check your Computer Science degree program: **B.A.** **B.S.** **M.S.** **Ph.D.**

Check one: I will be graduating this Semester: **YES** **NO**

Project Advisor: _____

Committee members: _____

Project Title: _____

Part I. Student Contact Information

Please provide the name, address, telephone number, and email address through which we may locate you a year from now. This may also be your parents, brother or sister, or other relative or friend that you do not expect to move within the next year:

Name: _____

Address: _____

Telephone: Home _____

 Work _____

 Cell _____

Email: _____

Part II. Student's Assessment of the Program

*Please rate your EXPECTATIONS (**EX** = Exceeds; **MT** = Meets; **MA** = Marginally Acceptable; **UN** = Unacceptable) about the CS programs regarding the statements below.*

	EX	MT	MA	UN
The advisement quality in the department.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The program prepared me for my career.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The quality of the education I have received in the department.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Write any recommendations you have to improve the Computer Science program:

Part III. Student Career Plans

If you have decided to pursue a graduate or professional degree, please provide the following information:

School: _____

Major: _____ Scholarship/Assistantship: _____

If you have started searching for employment, please provide the following information:

Number of months searching: _____

Number of Interviews you had: _____

Number of job offers obtained: _____

Average starting salary offered: _____

If you have already accepted an offer, please provide the following information if possible:

Company: _____

City: _____

Position/Title: _____

Your company contact information (if available): _____

Web address: _____

Starting salary: _____

Part IV. Job Networking

May we refer future students to you for questions regarding the CS field as a career? **YES** **NO**

Can these students use you as a contact for possible job prospects? **YES** **NO**

Thank you for providing this information and any offer of assistance to our future students.

Date : _____

**Department of Computer Science
Master of Science**

1.1.1 PLEASE ASSESS THE OUTCOMES USING THE SCALE BELOW.

Outcome 5	Ability to continue professional development by educating themselves throughout their careers.
Outcome 5 Assessment	Exceeds Expectations Meet Expectations Marginally Acceptable Unacceptable <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
Outcome 6	Demonstrating a significant contribution to the field of computer science through their research including current and possible future applications of their research.
Outcome 6 Assessment	Exceeds Expectations Meet Expectations Marginally Acceptable Unacceptable <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
Outcome 7	Ability to communicate effectively to both technical and non-technical audiences; prepare and give effective technical presentations. Write clear and concise technical documents.
Outcome 7 Assessment	Exceeds Expectations Meet Expectations Marginally Acceptable Unacceptable <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>