New Graduate Contact Information Form

The purpose of this form is to keep in touch with you after your graduation. In addition, the form provides contact information that facilitates our implementation of a comprehensive evaluation of the school counseling program. Consent for participation in this aspect of the evaluation is listed below. Should you wish to see a copy of the form, see the website at http://www.gse.rutgers.edu/, click on Ed.M. Program in School Counseling, Other Info, and Resources for School Counseling Students.

Name: ________________________________
Year Graduated: ________________________
Permanent Address: ______________________
________________________________________________________________________
Address (after graduation): ______________
________________________________________________________________________

Email address (current): ______________________
Email address (after graduation): ____________

Tel. Number (current): ______________________
Tel. Number (after graduation): _____________

In addition to contacting you after graduation, part of the evaluation process is to contact your employer to inquire about how the Program in School Counseling has prepared you for the workforce. The purpose of this part of the evaluation, i.e., the administration of the Employer Survey of Former Graduate Student, is not to evaluate you, rather, to get information about how we as a program are preparing our students. Please sign below if you give your consent to have us contact you employer and send him/her this survey:

_______ Yes, I give consent for you to administer the Employer Survey of Former Graduate Student to my employer.
Signature: ____________________________ Date: ________________

_______ No, I do not give consent for you to administer the Employer Survey of Former Graduate Student to my employer.
Signature: ____________________________ Date: ________________