

# National Association of Schools of Art and Design

## ALUMNI SURVEY FORMAT

***NASAD recommends that all institutions maintain records on graduates. The following questions are provided as examples. Institutions are encouraged to use this format as a basis for developing a survey that focuses on the institution's own program.***

1. Please indicate the art/design degree(s) you received or program(s) you completed at (name of school), listing the level of the most recent degree or program first. Indicate B for bachelor's degree, M for initial master's degree (M.A. or M.S.), MFA for terminal master's degree, and D for doctoral degree. Also, include your focus of studies (e.g., studio area, art/design history, art/design education), the year the degree/program was completed, and the number of years it took to complete the degree/program.

Degree/Program Level	Focus of Studies	Year Conferred	Number of years to Complete the Degree/Program		
			Years full-time	Years part-time	
				+	
				+	
				+	

2. Please list your opinions regarding the following areas. (If you did not take classes outside the school or department of art/design, answer only parts 1 and 2 of this question. *N.O.* = *No Opinion.*)

	Low Quality		High Quality			
Overall quality of the (name of school) school/department of art/design	1	2	3	4	5	N.O.
Quality of your specific focus of studies as identified in question 1 above	1	2	3	4	5	N.O.
Quality of (name of school) overall studies outside of art/design	1	2	3	4	5	N.O.

3. Please list the full-time art/design-related positions you have occupied since graduating from or leaving (name of school) and the years in each position. (*If you have never held a full-time position in art/design, please skip to question 4.*)

Position	Employer, Location	Year(s) (e.g., 1999-2002)

4. If you have never been employed in a full-time art/design-related position, please list the part-time art/design positions you have occupied since graduating from (name of school) and the years in each position. (*If you answered question 3, you should skip this question.*)

Position	Employer, Location	Year(s) (e.g., 1999-2002)

5. Please list your present occupation if not covered in questions 3 or 4 above.

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6. Please list your opinions regarding the quality of instruction at (name of school) in the following areas: (If you did not have any classes in a specified field, circle N.O. for No Opinion.)

	<b>Low Quality</b>				<b>High Quality</b>		
Foundations Program	1	2	3	4	5		N.O.
Major Studio Area	1	2	3	4	5		N.O.
Minor Studio Areas	1	2	3	4	5		N.O.
Critical Analysis	1	2	3	4	5		N.O.
Teaching Methods/Art Education	1	2	3	4	5		N.O.
Art/Design History	1	2	3	4	5		N.O.
General Education/Liberal Arts	1	2	3	4	5		N.O.

7. Please describe any courses you think should be added for art/design majors/students at (name of school).

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8. Please list any courses you were *required* to take that you think should not be required.

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**[Degree-granting institutions only]**

**PLEASE NOTE:** Questions 9 and 10 are only for those who undertook a senior project, thesis, treatise, or dissertation while at (name of school). *If you did not do any of these, please skip to question 11.*

**[Degree-granting institutions only]**

9. Do you feel that the breadth of your studies prepared you adequately for doing your senior project, thesis, treatise, and/or dissertation?

Yes \_\_\_\_\_

No \_\_\_\_\_

**[Degree-granting institutions only]**

10. Were your senior project, thesis, treatise, and/or dissertation advisors or committee members helpful?

Yes \_\_\_\_\_

No \_\_\_\_\_

11. Given your major or professional emphasis, do you feel you had adequate opportunities to work in the following situations? (Circle appropriate response for each item.)

Independent studio work in your major or professional emphasis	Yes	No	N/A
Collaborative projects	Yes	No	N/A
Participation in exhibitions	Yes	No	N/A
Internships/cooperative employment	Yes	No	N/A
Student teaching	Yes	No	N/A

12. What was the general influence of these working opportunities (question 11) on your personal career development?

	No Influence			Tremendous Influence		
Independent studio work in your major or professional emphasis	1	2	3	4	5	N/A
Collaborative projects	1	2	3	4	5	N/A
Participation in exhibitions	1	2	3	4	5	N/A
Internships/cooperative employment	1	2	3	4	5	N/A
Student teaching	1	2	3	4	5	N/A

13. Would you recommend (name of school or department of art/design) to someone considering studying art/design?

Yes \_\_\_\_\_

No \_\_\_\_\_

Please explain your answer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. What advice would you give to present art/design students in regard to preparation for a career in art/design? Emphasize your current career in art/design.

\_\_\_\_\_  
\_\_\_\_\_

***[Degree-granting institutions only]***

**PLEASE NOTE:** Questions 15 and 16 are only for those alumni who had a graduate assistantship in art/design while pursuing a postbaccalaureate degree from (name of school). If you did not have such a graduate assistantship, please skip to question 17.

***[Degree-granting institutions only]***

15. Describe your assistantship duties (e.g., teaching, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**[Degree-granting institutions only]**

16. Rate your assistantship experience according to the following factors:

	<b>Terrible</b>			<b>Excellent</b>	
Freedom from inappropriate duties	1	2	3	4	5
Supervision, guidance, and attention received from your faculty supervisor	1	2	3	4	5
Contribution of assistantship experiences to your personal and career development	1	2	3	4	5
Preparation for subsequent professional responsibilities	1	2	3	4	5

17. How important were the following elements in your decision to attend (name of school)?

	<b>Not Important</b>			<b>Very Important</b>	
Location	1	2	3	4	5
Cost of tuition	1	2	3	4	5
Recommendations of a teacher	1	2	3	4	5
Recommendations of an acquaintance	1	2	3	4	5
Assistantship/Scholarship	1	2	3	4	5
Quality of education	1	2	3	4	5
Reputation of the school/department of art/design	1	2	3	4	5
Presence of particular faculty member(s)	1	2	3	4	5
“Portfolio Day” experience	1	2	3	4	5

18. Do you have any comments or suggestions regarding the (name of school or department of art/design)?

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**OPTIONAL**

19. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Thank you for taking the time to complete this survey.**

**Please return it to:  
(Name of School, Address)**