



2010 ALUMNI SURVEY

(Questions about the survey? Call Ken Leibowitz
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BACKGROUND INFORMATION *(check the appropriate box for each item)*

Year of graduation: 1- 2007 2- 2005 3- 2000 4- Other _____

Gender: 1- Male 2- Female

Degree(s) received at USP:

1- <input type="checkbox"/> Bachelor of Science	5- <input type="checkbox"/> Master of Occupational Therapy
2- <input type="checkbox"/> Bachelor of Science in Health Science	6- <input type="checkbox"/> Master of Physical Therapy
3- <input type="checkbox"/> Master of Bus. Admin.	7- <input type="checkbox"/> Doctor of Physical Therapy
4- <input type="checkbox"/> Master of Science	8- <input type="checkbox"/> Doctor of Pharmacy
	9- <input type="checkbox"/> Doctor of Philosophy

Major(s):

- | | | |
|---|--|--|
| 1- <input type="checkbox"/> Biochemistry | 10- <input type="checkbox"/> Health Psychology | 19- <input type="checkbox"/> Pharmaceut. Technology |
| 2- <input type="checkbox"/> Bioinformatics | 11- <input type="checkbox"/> Health Science | 20- <input type="checkbox"/> Pharmaceutics |
| 3- <input type="checkbox"/> Biology | 12- <input type="checkbox"/> Medical Technology | 21- <input type="checkbox"/> Pharm./Tox. |
| 4- <input type="checkbox"/> Biomedical Writing | 13- <input type="checkbox"/> Microbiology | 22- <input type="checkbox"/> Pharmacy |
| 5- <input type="checkbox"/> Cell Biology & Bio. Tech. | 14- <input type="checkbox"/> Occupational Therapy | 23- <input type="checkbox"/> Pharmacy Administration |
| 6- <input type="checkbox"/> Chemistry | 15- <input type="checkbox"/> Pharmaceutical Business | 24- <input type="checkbox"/> Physical Therapy |
| 7- <input type="checkbox"/> Computer Science | 16- <input type="checkbox"/> Pharmaceut. Chemistry | 25- <input type="checkbox"/> Physician Assistant |
| 8- <input type="checkbox"/> Environmental Science | 17- <input type="checkbox"/> Pharm. Markt.&Manage. | 26- <input type="checkbox"/> Psychology |
| 9- <input type="checkbox"/> Health Policy | 18- <input type="checkbox"/> Pharmaceutical Sciences | 27- <input type="checkbox"/> Other _____ |

2010 USP Alumni Survey

1. Since leaving USP I have... *(check all appropriate items)*

- 1- Been employed in an area related to my major concentration at USP
- 2- Been employed in an area unrelated to my program at USP
- 3- Attended or currently attending graduate or professional school
- 4- Received graduate or professional degree(s)
- 5- Completed a residency program
- 6- Completed a professional certification program
- 7- Regularly attend professional continuing education programs
- 8- Started or assumed ownership of my own business

2. If you have obtained an advanced degree(s) since leaving USP, check the appropriate boxes below:

- | | | |
|--|------------------------------------|-------------------------------------|
| 1- <input type="checkbox"/> Not Applicable | 6- <input type="checkbox"/> DVM | 11- <input type="checkbox"/> MS |
| 2- <input type="checkbox"/> DDS | 7- <input type="checkbox"/> LLD/JD | 12- <input type="checkbox"/> PharmD |
| 3- <input type="checkbox"/> DO | 8- <input type="checkbox"/> MA | 13- <input type="checkbox"/> PhD |
| 4- <input type="checkbox"/> DPT | 9- <input type="checkbox"/> MBA | 14- <input type="checkbox"/> PsyD |
| 5- <input type="checkbox"/> DrOT | 10- <input type="checkbox"/> MD | 15- <input type="checkbox"/> Other |

3. I would describe my primary position as... *(check only one)*

- | | | |
|---|---|--|
| 1- <input type="checkbox"/> Biomedical writer | 8- <input type="checkbox"/> Mental health counselor | 15- <input type="checkbox"/> Researcher |
| 2- <input type="checkbox"/> Dentist | 9- <input type="checkbox"/> Occupational therapist | 16- <input type="checkbox"/> Scientist |
| 3- <input type="checkbox"/> Educator | 10- <input type="checkbox"/> Owner of a business | 17- <input type="checkbox"/> Student |
| 4- <input type="checkbox"/> Government official | 11- <input type="checkbox"/> Pharmacist | 18- <input type="checkbox"/> Not employed, by choice |
| 5- <input type="checkbox"/> Manager/Administrator | 12- <input type="checkbox"/> Physical therapist | 19- <input type="checkbox"/> Unemployed, not by choice |
| 6- <input type="checkbox"/> Medical/Drug information specialist | 13- <input type="checkbox"/> Physician | 20- <input type="checkbox"/> Other <i>(please specify)</i> _____ |
| 7- <input type="checkbox"/> Medical technologist | 14- <input type="checkbox"/> Physician assistant | |

4. During the past two years I have: *(check all appropriate items)*

- | | |
|--|---|
| <input type="checkbox"/> 1-Published for a general audience. | <input type="checkbox"/> 6- Mentored a colleague or student. |
| <input type="checkbox"/> 2-Taken a course of some kind. | <input type="checkbox"/> 7- Delivered a professional presentation. |
| <input type="checkbox"/> 3-Published a scientific article or book. | <input type="checkbox"/> 8- Stood for a position in a professional organization. |
| <input type="checkbox"/> 4-Applied for or been awarded a patent. | <input type="checkbox"/> 9- Received an award from a professional or civic group. |
| <input type="checkbox"/> 5-Been promoted, or changed jobs to an advanced position. | <input type="checkbox"/> 10-Attended a regional or national professional meeting. |
| | <input type="checkbox"/> 11-Volunteered my services for a professional, political, social or charitable cause |

5. Which USP faculty or staff member had the greatest positive impact on you professionally and/or personally?

6. In your opinion, is USP's academic reputation: 1- Improving 2- Staying the Same 3- Declining

7. How important was your USP education in helping you achieve your current level of professional success?

- 1- Very Important 2- Important 3- Undecided 4- Slightly Important 5- Not Important

8. Thinking back to your USP experiences, how satisfied were you with:

	(1) Very Satisfied	(2) Satisfied	(3) Neutral	(4) Dissatisfied	(5) Very Dissatisfied
1. Your major program of study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Your Core Curriculum (general education) courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The quality of instruction by faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The accessibility of faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The quality of academic advising in your first two years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The quality of academic advising in your major	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The quality of relationships with faculty in your major	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Your overall academic experience at USP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Your academic preparation for your <u>first</u> job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Your overall experience as a student at USP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. With respect to you personally, please indicate how you feel your USP education has:

	(1) Completely	(2) Mostly	(3) Slightly	(4) Not at all	(5) Don't Know
1. Given you a concentrated, in-depth, and detailed knowledge of one discipline or professional field?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Prepared you to become a functioning citizen of the community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Provided you with necessary tools for effective communication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Broadened your intellectual interests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Helped you appreciate the fine or performing arts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Given you an awareness of history?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Given you an awareness of social science?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Given you an awareness of literature?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Given you the background needed to make ethical and moral decisions in your personal and professional life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Helped you to understand other cultures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Helped you to achieve your personal goals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Prepared you for your present job or career?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Based on my personal experience, I would rate my USP preparation in the following areas as:

	(1) Excellent	(2) Very Good	(3) Good	(4) Fair	(5) Poor
1. Writing Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Mathematical skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. General science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Critical thinking / problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Professional skills in my discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Working independently, without supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Understanding of myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Development of my interest in leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Ability to locate and use professional literature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Development of my interest in service to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Functioning as a member of a team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Development of my interest in continued learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Ability to learn on my own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Ability to use technology for professional activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. If I had it to do again, I would attend USP: 1- Yes 2- No 3- Don't know

12. I would recommend USP to others: 1- Yes 2- No 3- Don't know

If you answered “No” or “Don’t Know” to either Question 11 or 12, how important are the following reasons? Indicate item importance using: 1-Very Important 2-Somewhat Important 3-Not Important

- | | |
|--|---|
| 1-___ USP does not provide a quality education | 4-___ Can get as good an education elsewhere for less money |
| 2-___ USP does not provide a real college atmosphere or college experience | 5-___ There is a lack of intellectual diversity at USP |
| 3-___ USP is located in an unsafe neighborhood | 6-___ Other _____ |

- | | (1)
STRONGLY
AGREE | (2)
AGREE | (3)
DISAGREE | (4)
STRONGLY
DISAGREE |
|--|--------------------------|--------------------------|--------------------------|-----------------------------|
| 13. I am proud to be a USP graduate..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. I feel a sense of connection to USP..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. I would like to be more engaged with USP..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

What is USP's greatest strength?

What do you think USP needs to do to improve?