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| UoNA Student ID# | | Student’s Full Name (First, Middle, Last) | |
| Cell/Personal Phone (area code & number) | | Personal Email | |
| Current Mailing Address (Street, City, State, Country, Zip/Postal Code) | | | |
| I expect to graduate at the end of the current quarter from the following program **(CHECK ONE):** | | | |
| Master of Business Administration (MBA)  Master of Science Degree in  Accounting and Finance (MSAF)  Computer Science (MSCS)  Cyber Security (MSCYS) | Master of Science Degree in  Educational/Instructional Technology (MSEIT)  Information Technology (MSIT)  Management and Data Analytics (MSMDA)  System and Application Engineering (MSSAE) | | Bachelor of Science Degree in  Business Administration (BSBA)  Information Technology (BSIT) |
| Associate of Occupational Science Degree in  Supervision and Project Management (OA-SPM) | Certificate in  English for Speakers of Other Languages (ESOL)  Organizational Leadership (OL) | | Diploma in  Operations Management for Technical Industries (OMTI) |

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| Your responses to each of the statements/questions below will help to ensure UoNA’s continued support of your career goals and the alignment of our programs with your post-graduate expectations. Text boxes will expand if using Microsoft© Word. Please check all boxes that apply and respond to all relevant requests. | |
| After graduation, I intend to: | |
|  | Enter a new career by exploring employment options that require my newly acquired knowledge/skills. |
|  | Advance my current position/employment by utilizing my newly acquired knowledge/skills. |
|  | Advance to a management/supervisory or other position within my current workplace. |
| If you are currently employed,  State your position title:  Name of your employer/organization:  City & state where your employer/organization is located and website url: | |
|  | Enhance my competency as the owner/operator of my current business, which offers the following services:  Name of your current business, phone number, email, and website url: |

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|  | After graduation, I intend to continue my education by enrolling in an additional academic program. Please list the name of the program and degree and the institution at which you plan to pursue your studies: |
|  | I have a post-graduation goal other than those listed on Pages 1 & 2. Briefly describe your goal: |
| Briefly describe how your academic program has helped you to achieve the goal(s) you described, include an example to support your response. | |

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| Student’s Initials | I acknowledge the following activities prior to submitting this form to the academic department: | |
|  | 1. I have paid the graduation fee\*; receipt attached.   ($300 for first UoNA program; $200 for additional UoNA programs)  And accurately responded to each item on Pages 1 & 2 of this form. | |
|  | 1. I will be contacted by UoNA within 3 months after graduation, and then within 6 months to review my experiences and employment outcomes. Any information that I disclose about my experiences & employment will be kept confidential and used only to meet regulatory agency requirements and analyses of aggregate outcomes and employment trends among UoNA graduates. | |
| Student’s Signature: | | Date: |
| Administrator’s Name & UoNA Title: | | |
| Administrator’s Signature: | | Date: |

\* **Students supported by GI-Bill or other veteran administration funding have their graduation fee paid for by the agency**.

\*\* Please note:

Your name will appear on your official transcript and diploma exactly as your name is listed in your official student record. If your name has legally changed since your enrollment at UoNA, it is necessary for you to submit a change of Name/Address form with legal documentation of the name change.

Electronic signatures/acknowledgements on this form are accepted.