

Graduate Survey 2019

Congratulations!

First of all, on behalf of the Board, the President and the Bermuda College family, we wish to congratulate you on achieving this milestone. Well done! In the midst of your excitement, we would appreciate it if you were to give us just 10 more minutes of your time. Please let us know about your experiences during the period that you spent with us. The information gleaned from this survey will be used to make adjustments to programmes and services for current and future students. Thanks so much for your assistance. Once you've completed your survey, stop by the Registration Desk to collect your graduation tickets. Let's get started!

| 1. Why did you apply to attend the Bermuda College? (Tick all that apply) |
|---|
| To obtain a Bermuda College associate's degree/diploma/certificate |
| To obtain a Bachelor's degree through an affiliate programme in Bermuda |
| To transfer overseas (either after graduating or after taking credit courses) |
| To improve myself professionally |
| To increase my earning potential |
| My family/friends encouraged me |
| I was unable to go abroad |
| The tuition was affordable |
| Other (please specify) |
| |

* 2. In what year did you begin studying at the College?



3. Why did it take you more than 2 years to complete your studies at the Bermuda College? (Tick all that apply)

| Not applicable (I graduated on time) |
|--|
| Part-time student |
| Changed program |
| Required course not offered every semester |
| Had to complete prep-level courses |
| Had to repeat 1 or more courses |
| Job conflict |
| Financial problems |
| Family obligations |
| Childcare problems |
| Medical problems |
| Other (please specify) |
| |

4. From which programme are you graduating?

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5. What do you plan to do after graduation?

- Apply/transfer to a college or university abroad (GO TO Q6)
- Explore other programmes at the Bermuda College (GO TO Q10)
- Continue in my present job (GO TO Q8)
- Look for employment (GO TO Q10)
- Identify distant educational opportunities (GO TO Q10)
- Start my own business (GO TO Q10)

Other (please specify)

6. IF APPYLING/TRANFERING TO ANOTHER INSTITUTION

What is the name of the institution/college/university that you will/may be attending.

7. What is your area of study?

8. IF RETUNRING OR CONTINUING IN THE WORKPLACE, IF NOT GO TO Q10

What is the name of your employer?

9. What is your job title?

* 10. FOR ALL GRADUATES TO COMPLETE

Indicate how satisfied you are with the following: Course related

| | Completely satisfied | Mostly satisfied | Neutral | Mostly dissatisfied | Completely dissatisfied |
|------------------------------------|----------------------|------------------|------------|---------------------|-------------------------|
| Your academic program | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc |
| The overall quality of instruction | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc |
| Access to faculty | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc |
| The availability of courses | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc |

* 11. Indicate how satisfied you are with the following: Administration related

| | Completely satisfied | Mostly satisfied | Neutral | Mostly dissatisfied | dissatisfied |
|----------------------|----------------------|------------------|------------|---------------------|--------------|
| Admissions | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc |
| Registration | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc |
| Academic regulations | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc |
| Grading scale | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc |

. . .

| | Completely satisfied | Mostly satisfied | Neutral | Mostly dissatisfied | Completely dissatisfied | Did not use | Not applicable |
|--------------------------------|----------------------|------------------|------------|------------------------|-------------------------|-------------|----------------|
| Academic Advising | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc |
| Academic Resource Centre | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc |
| Applied Science Facility | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc |
| Bermuda College Book- store | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc |
| Bermuda College Library | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc |
| Bermuda College Portal | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc |
| Campus Security | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc |
| Computing Facilities | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc |
| Helpdesk | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc |
| Moodle | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc |
| Science Laboratories | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc |
| SmartThinking | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc |
| Student Councelling | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc |
| Student/Campus Activities | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc |

* 12. Indicate how satisfied you are with the following: Services

* 13. As a result of being a student at the Bermuda College, evaluate your level of competence with respect to the listed skills:

| | Excellent | Good | Fair | Poor |
|------------------------------------|------------|------------|------------|------------|
| Written skills | \bigcirc | \bigcirc | \bigcirc | \bigcirc |
| Oral skills | \bigcirc | \bigcirc | \bigcirc | \bigcirc |
| Problem-solving skills | \bigcirc | \bigcirc | \bigcirc | \bigcirc |
| Critical thinking skills | \bigcirc | \bigcirc | \bigcirc | \bigcirc |
| Quantitative skills | \bigcirc | \bigcirc | \bigcirc | \bigcirc |
| Computer/Technical Literacy | \bigcirc | \bigcirc | \bigcirc | С |
| Information Literacy (Research) | \bigcirc | \odot | \odot | 0 |
| Collaborative/Cooperative skills | \bigcirc | С | \bigcirc | \bigcirc |
| Diversity/Global Sensitivity | \bigcirc | \odot | 0 | \bigcirc |

14. What did you enjoy most about your years at the Bermuda College?

* 15. Overall, how satisfied are you with the facilities at the Bermuda College?

- Completely satisfied
- Mostly satisfied
- Neutral
- Mostly dissatisfied
- Completely dissatisfied

If mostly or completely dissatisfied, please state why.

* 16. Overall, how satisfied are you with the Bermuda College?

- Completely satisfied
- Mostly satisfied
- Neutral
- Mostly dissatisfied
- Completely dissatisfied

If mostly or completely dissatisfied, please state why.

* 17. Would you recommend the Bermuda College to someone who might be thinking about going to college?

- O Definitely yes
- Probably yes
- Neutral
- Probably not
- Definitely not

If probably or definitely not, please state why.

18. What changes, if any, can Bermuda College make for the benefit of present and future students?

* 19. The following questions are for statistical purposes. Were you a full- or part-time student?

Full-time

Part-time

| * | 20. | Are | you | male | or | female | ? |
|---|-----|-----|-----|------|----|--------|---|
|---|-----|-----|-----|------|----|--------|---|

🔵 Male

🔵 Female

* 21. What is your age group?

- 16-20
- 21-24
- 25-29
- 30-39
- 0 40-49
- 50 or older

22. We would really like to keep in contact with you. Please provide your contact information. (Optional)

| Name: | |
|-------------------|--|
| | |
| Email: | |
| | |
| Cell/Home number: | |