



## Educational Leadership Graduate Follow-up

Briefly identify what you believe are two of the program's strengths:

Briefly identify any areas in which the program needs to be strengthened. (Include "job realities" for which you would like to have been better prepared.):

### Supervisor Information Request

Your Name: \_\_\_\_\_ Date Graduated: \_\_\_\_\_

Current Employment (unemployed, full-time, part-time): \_\_\_\_\_

Current Position: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Your Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ I authorize the College of Education at Eastern Michigan University to contact the supervisor listed above for the purpose of requesting feedback on my training.

\_\_\_\_\_ I do not authorize the College of Education at Eastern Michigan University to contact the supervisor listed above.

\_\_\_\_\_  
Signature Date

