



Employer Survey

The purpose of this survey is to obtain employers input on the quality of education **SZABIST** is providing and to assess the quality of the program. The survey is with regards to the **SZABIST** graduates employed at your organization or who had an internship opportunity with you. We seek your help in completing this survey.

A: Excellent B: Very Good C: Good D: Fair E: Poor

I. Knowledge

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|--|-----|-----|-----|-----|-----|
| 1. Math, Science and Engineering Skills | (A) | (B) | (C) | (D) | (E) |
| 2. Problem formulation and solving skills | (A) | (B) | (C) | (D) | (E) |
| 3. Collecting and analyzing appropriate data | (A) | (B) | (C) | (D) | (E) |
| 4. Ability to link theory to practice | (A) | (B) | (C) | (D) | (E) |
| 5. Ability to design a system component, procedures or process | (A) | (B) | (C) | (D) | (E) |
| 6. Computer Knowledge | (A) | (B) | (C) | (D) | (E) |
| 7. Critical thinking and evaluation skills | (A) | (B) | (C) | (D) | (E) |

II. Communication Skills

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|------------------------|-----|-----|-----|-----|-----|
| 1. Oral Communication | (A) | (B) | (C) | (D) | (E) |
| 2. Report Writing | (A) | (B) | (C) | (D) | (E) |
| 3. Presentation Skills | (A) | (B) | (C) | (D) | (E) |

III. Interpersonal Skills

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|---|-----|-----|-----|-----|-----|
| 1. Ability to work in team | (A) | (B) | (C) | (D) | (E) |
| 2. Ability to work with difficult colleagues | (A) | (B) | (C) | (D) | (E) |
| 3. Ability to work and think independently | (A) | (B) | (C) | (D) | (E) |
| 4. Ability to respect others view and ethical values. | (A) | (B) | (C) | (D) | (E) |
| 5. Professional appearance and personal grooming | (A) | (B) | (C) | (D) | (E) |



IV. Management / Leadership Skills

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|--|-----|-----|-----|-----|-----|
| 1. Time management and multitasking skills | (A) | (B) | (C) | (D) | (E) |
| 2. Human and material resource management skills | (A) | (B) | (C) | (D) | (E) |
| 3. Decision making skills | (A) | (B) | (C) | (D) | (E) |
| 4. Ability to follow rules and regulations | (A) | (B) | (C) | (D) | (E) |

V. Your valuable feedback and suggestions

Please make any additional comments or suggestions, which you think would help strengthen our programs for the preparation of graduates who will enter your field.

VI. Information About Organization

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| 1. Organization Name | _____ |
| 2. Type of Business | _____ |
| 3. Number of Graduates (specify the program, e.g. MBA/BBA etc) in your organization | _____ |
| 4. Your Name: | _____ |
| 5. Job Title: | _____ |
| 6. Department: | _____ |
| 7. Contact no: | _____ |
| 8. Email address: | _____ |