

GRADUATE QUESTIONNAIRE

BSN <input type="checkbox"/>	MN <input type="checkbox"/>	DNS <input type="checkbox"/>	NAP <input type="checkbox"/>
Graduation Date: _____			
(mo)		(yr)	

1. What were highlights of your LSUHSC nursing program experience?

2. What were the most challenging aspects of the educational program?

3. What would you like to see changed that would have improved your experiences in the program? **(Please give suggestions)**

4. What was supportive/helpful/facilitative for you to complete the program? **(Please give examples)**

5. What were barriers/disincentives/discouragements to completing the program? **(Please give examples)**

6. Please complete this statement:
The faculty were.....**(Please give examples)**

7. What do you see as strengths of the curriculum? **(Please be specific)**

8. I would recommend this program to others.
Yes 9 No 9 **(Please give examples)**

9. I would just like to add.....

10. I plan on becoming a member of the Nursing Alumni Association of LSUHSC School of Nursing
Yes 9 No 9 ***If NO, please tell us what can we do to change your opinion.***