



Delegate Events Survey

2012 – 2013

Event Date: _____

1

Which of the following best describes you? (Please check only one box)

- | | |
|--|---|
| <input type="checkbox"/> Domestic Masters Level Student | <input type="checkbox"/> Domestic Doctoral Level Student |
| <input type="checkbox"/> International Masters Level Student | <input type="checkbox"/> International Doctoral Level Student |
| <input type="checkbox"/> Exchange Student | <input type="checkbox"/> Undergraduate |

2

Had you heard of the Council of Graduate Students before this department event?

- Yes
 No

If yes, what do you think the purpose of the Council of Graduate Students is?

3

What other services would you like offered from the Council of Graduate Students?

4

What is the best way to communicate upcoming funding deadlines, events, and campus news to you and other graduate students? (Please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> E-mail | <input type="checkbox"/> The Lantern |
| <input type="checkbox"/> Posters | <input type="checkbox"/> OSU Weekly E-mail |
| <input type="checkbox"/> Website | <input type="checkbox"/> Other (Please Describe) |
| <input type="checkbox"/> CGS Weekly News | _____ |
| <input type="checkbox"/> Graduate Coordinators | |

5

What are the top concerns you or others you know have as an OSU graduate student?

6

Want to be on our Mailing List? Please give us your Name & E-mail address below:

First Name	Last Name	Department	name.#
_____	_____	_____	_____

Thank you!

On behalf of the Council of Graduate Students, thank you for taking the time to fill out this survey. Once completed please return your survey to you department Delegate.