

ROBINSON ALUMNI QUESTIONNAIRE

We are hoping you will take the time to fill out and return this questionnaire so that you may help future Robinson students who would like information about your college/university. We have created a notebook, organized by college, that will be available in the CC for use by students and parents.

COLLEGE/UNIVERSITY _____ DATE

Name (optional): _____ Robinson Class of:

Prospective major(s):

Overall, are you satisfied with your choice of school? _____(Yes/No)

Please elaborate:

Biggest adjustment to school?

Biggest disappointment/complaint?

Biggest surprise?

What departments or programs do you think are strong academically or popular in terms of number enrolled?

How difficult are the courses, compared to Robinson?

Math/Science:

Arts/Humanities:

How would you rate the amount of time you spend studying?

More than you expected _____ Not as much as expected _____ Number of students in largest class: _____ What class: _____ Number of students in smallest class: _____ What class: _____

Do professors or graduate students teach you? _____

Have you met with your advisor? _____(yes/no) Is he/she readily available and helpful?

Have you experienced any difficulty so far registering for your choice of classes?

Will you be returning to this school next year? _____(yes/no)

If not, why not? _____

How are the living accommodations (dorms, food, etc.)? _____

How expensive are the "extras" (movies, food, concerts, games, clothes)? More or less expensive than home?

_____ How much spending money do you need a month?

If you are an athlete, what was your experience with sports on the college level? Was it what you expected?

If you didn't bring your own computer, how accessible and easy is it to use a computer sb?

Are there enough activities to keep you busy on the weekends?

_____ Do many students go home on the weekends? _____

What is 75% of the student body doing:

1. on a beautiful Sunday afternoon? _____

2. at midnight on a weekday? _____

Rate the following as they apply to your school on a scale of 0 to 10(10 being the highest):

Diversity of student body: _____ Sports activities Intellectual atmosphere: _____

Grade pressure: _____ Location: _____ Weather: _____ Safety: _____

Friendliness: _____ Frats/sororities: _____ Social Life: _____

Alcohol use: _____ Drug use: _____

Comments: _____

Anything you'd change about your school? _____

May students contact you for further information? _____ If so, what is your e-mail address and phone number? _____

Thank you for taking the time to fill out this questionnaire. Please send it back to:

Career Center

Robinson Secondary School

5035 Sideburn Road

Fairfax, VA 22032