



Department of Civil and Materials Engineering  
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[www.uic.edu/depts/cme](http://www.uic.edu/depts/cme)

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# Civil and Materials Engineering

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## University of Illinois at Chicago

**2008 Survey of Alumni: PLEASE COMPLETE BY MARCH 21, 2008**

**Dear Alumna/Alumnus:**

Your feedback is an extremely important tool to help us develop our curriculum to better train our engineering graduates. As such, we request you take some time and give us feedback on how your professional career has progressed and how your experience at CME has prepared you in your career path.

We thank you in advance for taking the time to take this survey!

**INSTRUCTIONS:**

- This survey consists of two parts: Part I is a demographic and background survey and Part II is an evaluation survey for you to give us feedback on how your CME experience prepared you for meeting your professional career objectives.
- Please press "SUBMIT BY EMAIL" when you complete the survey. It will AUTOMATICALLY be emailed to: [cme@uic.edu](mailto:cme@uic.edu)
- Alternatively, you can "PRINT FORM" and mail it via post to the CME department at the following address:

**ATTN: Pam Woodard  
Department of Civil and Materials Engineering  
University of Illinois-Chicago  
842 West Taylor St., mc 246  
Chicago, IL 60607**

[www.uic.edu/depts/cme/alumni/](http://www.uic.edu/depts/cme/alumni/)

PLEASE RETURN BY MARCH 21, 2008

**PART I: Directory and Demographics**

**A) Directory Information**

|                  |                      |   |                      |
|------------------|----------------------|---|----------------------|
| Name             | <input type="text"/> | CME Degree(s)<br>Obtained:  | <input type="text"/> |
| Street Address   | <input type="text"/> | Year BS obtained  | <input type="text"/> |
| City, State, ZIP | <input type="text"/> | Do you consider yourself as having focused within a<br>specific specialty during your CME career? |                      |
| Email Address    | <input type="text"/> | Select Response   | <input type="text"/> |

**B) Post Graduate Career:**

Did you attend Grad School?

Name of Graduate School/Program(s):

|    |                      |                 |                      |
|----|----------------------|-----------------|----------------------|
| 1) | <input type="text"/> | Degree obtained | <input type="text"/> |
| 2) | <input type="text"/> | Degree obtained | <input type="text"/> |
| 3) | <input type="text"/> | Degree obtained | <input type="text"/> |

|                                  |                |                      |
|----------------------------------|----------------|----------------------|
| Employers(s), most recent first: | Current Salary | <input type="text"/> |
|----------------------------------|----------------|----------------------|

**C) Your Professional Experience:**

Do you currently have PE or SE licensure?

**If Yes:**

**If No:**

|                      |                      |  |                      |
|----------------------|----------------------|--|----------------------|
| State(s) licensed    | <input type="text"/> | Please help us understand why<br>understand why<br>by circling the<br>best response: | <input type="text"/> |
| Which license?       | <input type="text"/> |  |                      |
| How many times taken | <input type="text"/> |  |                      |

PART II: CME Program Objectives Survey

A) Achieving Program Objectives: Please tell us how you think the BS curriculum at CME has prepared you to achieve the following in your post-graduate career: **CHECK ONE PLEASE**

|   | Extremely<br>well<br>prepared      | Well<br>prepared         | Acceptably<br>prepared   | Needs<br>Improvement     | Needs<br>Considerable<br>Improvement |
|---|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------------------|
|   | 1                                  | 2                        | 3                        | 4                        | 5                                    |
| Have the fundamental knowledge and modern tools necessary for civil engineering practice in industry and government   | <input type="checkbox"/> Check One | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>             |
| Can apply your knowledge and skills to formulate and solve civil engineering problems, both well-defined and ill-defined  | <input type="checkbox"/> Check One | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>             |
| Are prepared and motivated to pursue graduate study, and are cognizant of the role of basic and applied research in civil engineering   | <input type="checkbox"/> Check One | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>             |
| Understand the role and importance of effective communication in working effectively in multidisciplinary teams and have the leadership potential to become team leaders  | <input type="checkbox"/> Check One | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>             |
| Appreciate and understand your ethical, professional, and community responsibilities to society   | <input type="checkbox"/> Check One | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>             |
| Are sufficiently proficient in your area of specialization to achieve professional licensure in civil engineering and to take the PE exam within five years of graduation in view of the special role of civil engineers in the design and operation of public works and public buildings | <input type="checkbox"/> Check One | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>             |
| (Structural field only)<br>Are sufficiently prepared to take the SE exam within 5-10 years of graduation  | <input type="checkbox"/> Check One | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>             |

**B) Curriculum Knowledge: Please let us know your familiarity and opinion of the following:**

Are you aware of the CME Departmental Outcomes? If so, please summarize:

Are you aware of the CME Departmental Objectives? If so, please summarize:

Are you aware of recent curriculum changes? If so, please summarize.

If so, do you think they will help you meet the objectives in part A?

Your perception of the strengths in your CME education?

Your perception of any weakness in your CME education?

Your suggestions as to how the CME educational program could be improved?

Additional comments? Please use additional sheets if necessary.