

Lakeview College of Nursing

Graduation Survey

**Please return form to the Office of Admissions & Records
no later than two weeks prior to the Commencement Ceremony.**

Some of this information will be announced at graduation. Thank you.

Last Name: _____ **First Name:** _____

Campus: *(Please circle one)* LCN / EIU Danville

Home Address Prior to Attending LCN:

City _____ **State** _____

LCN Graduation Month & Year _____

Where do you plan to be employed after graduation? *(Facility, Dept., etc.) Please circle "Hoping to Work At" if you have not yet confirmed employment. Please circle "Accepted Position At" if employment has been confirmed. If unsure, please indicate as much information as possible (e.g. Hoping to Work At Surgical Position in Danville, IL Area).*

Hoping to Work At:

Accepted Position At:

Facility

Department

City

State

Do you plan to pursue a master's degree in nursing? If you plan to do this, please complete as much as the information below as possible. If you have no plans of doing this, please leave requested information blank.

Type of Master's Program

When

Where? (City & State)
