Northern Technical University

Medical Technical Institute / Mosul

Radiology Techniques Department

Alumni Communication Form

Form Description: Alumni data collection form, career status tracking, and program outcomes evaluation.
Form Code: F-02

First: Graduate Data

- **Full Name (Triple):** _____
- **Graduation Year:** _____
- **Study Type:** [ ] Morning [ ] Evening
- **Branch:** [ ] Pharmacy
- **Phone Number:** _____
- **Email:** _____
- **Governorate:** _____
- **Current Address:** _____

Second: Current Career Status

- **Employment Status:** [ ] Employed [ ] Unemployed [ ] Postgraduate Student [ ] Other
- **Name of Workplace:** _____
- **Job Title / Nature of Work:** _____
- **Is the work within the specialization?** [ ] Yes [ ] No [ ] Partially
- **Date of Commencement (if any):** _____

Third: Graduate Evaluation of Program Outcomes

Item	Excellent	Very Good	Good	Average	Weak	Remarks
Relevance of scientific knowledge to the labor market	[ ]	[ ]	[ ]	[ ]	[ ]	
Adequacy of practical and clinical training	[ ]	[ ]	[ ]	[ ]	[ ]	
Communication and teamwork skills	[ ]	[ ]	[ ]	[ ]	[ ]	
Computer, documentation, and records skills	[ ]	[ ]	[ ]	[ ]	[ ]	
Professional	[ ]	[ ]	[ ]	[ ]	[ ]	

Item	Excellent	Very Good	Good	Average	Weak	Remarks
ethics and professional commitment						
Occupational Safety and Infection Control	[ ]	[ ]	[ ]	[ ]	[ ]	

Fourth: Graduate Proposals

- **Proposals for developing curricula or training:**
  .....
- **Courses or skills needed by graduates:**
  .....
- **Difficulties faced by the graduate in the labor market:**
  .....
- **Do you wish to participate in department activities or alumni workshops?**
  [ ] Yes [ ] No [ ] Upon invitation
- **Other remarks:**
  .....

Signatures

Form Organizer / Follow-up Officer:
Name, Signature, and Stamp: .....
Department Coordinator:

Name and Signature: .....

Head of Department:

Name, Signature, and Stamp: .....