Northern Technical University

Medical Technical Institute / Mosul

Radiology Techniques Department

Alumni Communication Form

First: Graduate Data

Graduate's Name	_____
Type of Study	_____
Phone Number	_____
Governorate	_____
Email Address	_____
Current Address	_____

Second: Current Career Status

Employment Status	_____

Name of Workplace	_____
Job Title	_____
Is the work within the specialization?	_____
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	[ ]	[ ]	[ ]	[ ]	[ ]	

Item	Excellent	Very Good	Good	Average	Weak	Remarks
Communication and teamwork skills	[ ]	[ ]	[ ]	[ ]	[ ]	
Computer, documentation, and records skills	[ ]	[ ]	[ ]	[ ]	[ ]	
Professional 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?	
Other remarks	

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

Note: This information is used for academic follow-up and continuous improvement. Official data will not be published without formal approval.