



Kinesiology  
University of Michigan  
401 Washtenaw  
Ann Arbor, MI 48109-2214

February 7, 2003

Dear Kinesiology Alumni:

Please help us. We would like to know more about our Kinesiology alumni, and we hope that you will take fifteen minutes of your time to complete the attached survey. We are interested in gathering current information about your career, desired services and programs, volunteer activities and feedback about our publications. We plan to use the information to help us improve our services, strengthen our ties with alumni, and assist our current Kinesiology students.

*We assure you that the information will be protected and confidential.  
No name-linked data will ever be used.*

When we receive your completed survey, we will send you a mini robotic calculator, marked by the new Kinesiology logo as a token of our appreciation.

Thank you in advance for completing the survey,

**Jeff Freshcorn**  
Director of Development

**Shelly Kovacs**  
Director of Alumni Relations  
Assistant Director of Student Services



## KINESIOLOGY ALUMNI SURVEY

### I. ALUMNI INFORMATION

1. \_\_\_\_\_ / /  
(Last name) (First Name) (M.I.) (Preferred Title) (Date of Birth)

2. School of Education (prior to 1984) Major: \_\_\_\_\_  
Kinesiology Major: \_\_\_\_\_ Graduation Year(s): \_\_\_\_\_

3. Did you earn other degrees from any institution, including U-M?

Institution	School	Degree	Year
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4. \_\_\_\_\_  
(Name as student, if different) (Preferred name/nickname)

5. \_\_\_\_\_  
(Permanent Address) (City) (State) (Country) (Zip)

6. \_\_\_\_\_  
(Seasonal Address – if different from above) (City) (State) (Country) (Zip)

7. (E-mail Address) \_\_\_\_\_  
May we share your e-mail with other Alumni or current students?  Yes  No

8. (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_): \_\_\_\_\_  
(Home phone) (Work phone) (Other)

9. Preferred method of contact:  
 Home phone  Work phone  Cell phone  E-mail  Mail

### II. FAMILY INFORMATION:

#### A. Spouse Information:

1. \_\_\_\_\_  
(Last name) (First Name) (Preferred title) (M.I.)

2. U-M Alumni?  Yes  No Degree Year: \_\_\_\_\_

*B. Children (name, gender, age)*

*Michigan Alumni?*

_____	_____	_____	_____ <b>Yes</b>	_____ <b>No</b>
_____	_____	_____	_____ <b>Yes</b>	_____ <b>No</b>
_____	_____	_____	_____ <b>Yes</b>	_____ <b>No</b>
_____	_____	_____	_____ <b>Yes</b>	_____ <b>No</b>

**III. ALUMNI INVOLVEMENT**

**A. Classmate Contacts**

1. Have you been in contact with Kinesiology classmates? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. If yes, how many? \_\_\_\_\_

**B. Kinesiology Alumni Reunion** (usually held homecoming weekend)

1. Have you ever attended a Kinesiology Alumni Reunion? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. If Yes, will you attend again in the future? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. If no to either of the above questions, can you please indicate why:  
\_\_\_\_\_ Inconvenient Date  
\_\_\_\_\_ High travel cost  
\_\_\_\_\_ I did not receive a notice  
\_\_\_\_\_ I wouldn't know anyone  
\_\_\_\_\_ I am not interested  
Other: \_\_\_\_\_

4. What would encourage you to attend an alumni reunion on campus?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Alumni Event on Campus**

1. When would you be available to participate in an Alumni event on campus? Please rank 1-4:  
(If you are not interested in participating, please leave blank)

\_\_\_\_\_ Fall          \_\_\_\_\_ Winter          \_\_\_\_\_ Spring          \_\_\_\_\_ Summer          \_\_\_\_\_ All

2. Time of Day:

\_\_\_\_\_ Evening Reception  
\_\_\_\_\_ Luncheon  
\_\_\_\_\_ Breakfast  
\_\_\_\_\_ All

3. Format:

\_\_\_\_\_ Short Program  
\_\_\_\_\_ Social  
\_\_\_\_\_ Panel Discussion  
\_\_\_\_\_ All

**D. Alumni Event in your Area (non-Ann Arbor)**

1. Would you attend an alumni event in your home area? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(If yes, please answer the following)

*Alumni Event on campus, continued*

2. When would you be available to participate in an alumni activity in your area?

(If you are not interested, please leave blank)

Time of year (please rank 1-4):

\_\_\_\_\_ Fall          \_\_\_\_\_ Winter          \_\_\_\_\_ Spring          \_\_\_\_\_ Summer          \_\_\_\_\_ All

4. Time of Day

\_\_\_\_\_ Evening Reception

\_\_\_\_\_ Luncheon

\_\_\_\_\_ Breakfast

5. Format:

\_\_\_\_\_ Short Program

\_\_\_\_\_ Social

\_\_\_\_\_ Panel Discussion

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**IV. VOLUNTEER ACTIVITIES**

1. Are you currently involved in any of the following volunteer/professional activities?

The Arts                      \_\_\_\_\_ Yes                      \_\_\_\_\_ No

Community projects        \_\_\_\_\_ Yes                      \_\_\_\_\_ No

Museums                      \_\_\_\_\_ Yes                      \_\_\_\_\_ No

Social Services              \_\_\_\_\_ Yes                      \_\_\_\_\_ No

Other \_\_\_\_\_

Please indicate your current involvement or willingness to be involved in the following Kinesiology Alumni volunteer activities:

**2. (please indicate with a check for each one)**

	Currently Involved	Interested	Not Interested
Speaking to a class	_____	_____	_____
Organizing Alumni gatherings	_____	_____	_____
Fundraising activities	_____	_____	_____
Career assistance for current students	_____	_____	_____
Mentoring current students	_____	_____	_____

**Please Note: If you are willing to provide career assistance for current students, we invite you to register on-line with Connect Kinesiology: [www.kines.umich.edu/alum/external.htm](http://www.kines.umich.edu/alum/external.htm)**





6. If you read Movement, are you pleased with the content?     Yes     No

7. Comment: \_\_\_\_\_

**IX. CAREER INFORMATION**

1. Career Field: \_\_\_\_\_ 2. Number of Years: \_\_\_\_\_

3. \_\_\_\_\_  
(Position Title) (Name of Company)

4. \_\_\_\_\_  
(Business Address) (City) (State) (Zip)

5. (Business E-mail) \_\_\_\_\_

6. Which income range most nearly represents the total annual income of your household:

- \$20,000-\$30,000
- \$30,001-\$40,000
- \$40,001-\$50,000
- \$50,001-\$60,000
- \$60,001-\$70,000
- \$70,000+

**XI. WEBSITE    [www.kines.umich.edu/](http://www.kines.umich.edu/)**

- 1. Do you have internet access?     Yes     No
- 2. Have you visited the Kinesiology website?     Yes     No
- 3. Do you find it easy to read?     Yes     No
- 4. Do you find it easy to navigate through?     Yes     No
- 5. Is our web site a good way to communicate with you?     Yes     No

6. Comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Please visit the Kinesiology website: [www.kines.umich.edu/](http://www.kines.umich.edu/)

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*Thank you for participating in this survey.  
Watch for your kinesiology calculator as a token of our appreciation.*

A handwritten signature in black ink that reads 'Jeff R Freshcorn'.

**Jeff Freshcorn**  
**Director of Development**

A handwritten signature in black ink that reads 'Shelly Kovacs'.

**Shelly Kovacs**  
**Director of Alumni Relations**  
**Assistant Director Office of Student Services**