STUDENT SUPPORT SERVICES
EXIT INTERVIEW

Name: _____ Date: _____
Last First MI

Permanent Address: _____
Street City State Zip

SSN: _____ Telephone: _____

1. Reason for leaving the program:

_____ Graduated
Degree Earned:_____

_____ Graduated AND transferred to a 4-year program
Name of institution _____

_____ Transferred to another post-secondary institution
Name of institution _____

_____ Dismissed for academic reasons

_____ Dismissed for other reasons

_____ Withdrew for personal reasons

_____ Withdrew for health reasons

_____ Withdrew for financial reasons

_____ Withdrew for academic reasons

_____ Entered Armed Services

_____ Moved out of the area

_____ Accepted employment

_____ Finished program of study and not employed in field of study

_____ Finished program of study and currently employed in field of study
Employed with: _____

2. What is the status of your exit? _____ Temporary _____ Permanent

3. Future plans: _____

_____

_____

4. What part of the SSS program did you find most helpful or find least helpful? _____

_____

_____

5. Would you recommend the SSS program to other students? _____ Yes _____ No

6. Any additional comments or suggestions regarding the SSS program and services:

_____

_____