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| --- | --- |
| **Graduate Student Exit Survey and Evaluation** | Bring to Graduate Coordinator atthe time of your Exit Interview |
|  |
| **General Information** | *Student Name* | *Permanent E-mail* | *Today’s Date* |
|  |  |  |
| *Permanent Address* | *Permanent Phone* |
|  |  |
| *Undergraduate Institution Attended* |
|   |
| *Major* | *Minor* | *Year & Month of Graduation* |
|  |  |  |
| *Other Graduate Institution Attended*  |
|   |
| *Major* | *Minor* | *Year & Month of Graduation* |
|  |  |  |
|  |
| **BYU Graduate Record** | *Degree Earned* | *Specialization* | *Graduation Date* |
|  |  |  |
| *Years of Attendance (from–to)* |
|   |
| *Committee Chair* | *Committee Members* |
|  |  |
| *Title of Your Thesis/Dissertation* |
|  |
| *Submitted Article to Which Publication?* |
|   |
|  |
| **Teaching/Research Record** | *What classes did you teach while you were a graduate student?*  |
|  |
| *In what research projects (not counting your thesis or dissertation) did you participate as a researcher?* |
| *Project Title*  | *Collaborated With* |
|  |  |
| *Project Title* | *Collaborated With* |
|  |  |
| *Project Title* | *Collaborated With* |
|  |  |
|  |
| **Evaluation of Graduate Program** | 🞎 Yes / 🞎 No – *May we share your program evaluation responses with potential applicants?* |
| 🞎 Yes / 🞎 No – *May we share your e-mail so potential applicants could contact you for candid peer feedback about the program?* |
| *What were your goals? How well did your graduate program prepare you to successfully meet your goals?*  |
|  |
| *What do you consider the most valuable part of your graduate experience? Be specific.*  |
|  |
| *If you were given the opportunity, what would you change about your graduate program? Be specific.* |
|  |

|  |  |
| --- | --- |
| **Evaluation of Graduate Program *continued*** | *Are there any classes currently required you would delete or that you think should be electives instead?* |
|  |
| *In your opinion, are there classes currently not required which should be required?* |
|   |
| *Did you encounter any scheduling problems? If so, please describe them.* |
|   |
| *How prepared do you feel for finding a job in your field? Describe any concerns.* |
|   |
| *Do you have suggestions for how the relationship between student and chair could be improved? Comment on your experience with your chair.* |
|   |
| *Comment on the quality of teaching in the department.* |
|   |
| *What additional insights or suggestions do you have that would improve the quality of the program?* |
|   |
| *Do you feel you were spiritually strengthened by your experience at BYU? How?* |
|   |
| *Were you intellectually enlarged? How?* |
|   |
| *Do you feel your character has been developed? How?*  |
|   |
| *Did your BYU education prepare you for lifelong learning and service? How?* |
|   |
|  |
| **Future Plans** | **Employment***Is your employment related to your degree? If yes, describe the position.* | *Employer Name* |
|   |
|  | *Address* |
|  |
| *Phone* |
|  |
| *Title/Position* |
|  |
| *Number of Other Offers* | *Salary Range* | *Salary* |
|  |  |  |
|  |
| **Accepted Doctoral or Postdoctoral Program** | *Institution* |
|   |
| *Address*  | *Phone* |
|   |  |
| *Program* |
|  |
| To which other institutions did you apply? |
|   |
| What are your long-term plans or goals? |
|   |
| Did you receive career advisement? |
|    |
| Thank you for your contribution to the Department of Exercise Sciences. Please stay in touch. |