

EXIT INTERVIEW FORM

Student ID Number: _____ Expected Date of Completion: _____

Last (Family) Name

First Name

Middle Name

Local U.S. Mailing Address:

Street

City

State

Zip Code

Telephone

Email Address

Permanent Address Outside the U.S.:

Street

City

State/Province

Country

Postal Code

Home Country Telephone

Will you be leaving the U.S.? Yes () No ()

If yes, expected date of departure? _____

Reason for Leaving *(Please check all that apply)*

() Transfer to Other Institution: _____
Name of School

() Program Completed (Circle one): BA/BS MA/MS Ph.D.

Major Semester (MM/YY)

() Personal Goal Met

() Financial Difficulty

() Health Problem

() Family Emergency/Personal Reason

() Other *(please state reason)*:

Do you plan to return to LMU in a future semester? Yes () No ()

Student Signature: _____ Date: _____