

EOHS Exit Interview Form

Name \_\_\_\_\_ Advisor \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Permanent Phone Contact: \_\_\_\_\_

Email (not UIC) \_\_\_\_\_

SPH Degree Earned: \_\_\_\_\_ Matriculation Date: \_\_\_\_\_

Graduation Term \_\_\_\_\_

Number of Credit Hours Completed for Degree: \_\_\_\_\_  
Please check the box on your status  Part-Time  Full-Time

Did you receive financial support from the Public Health Traineeship?  Yes  No

**PRESENT EMPLOYMENT**

Which of the following best describes the setting of your primary employment position upon graduation? \_\_\_\_\_

- None, not employed ..... 01
- Self-employed or in private practice ..... 02
- Government agency or institution ..... 03
- Nongovernment nonprofit agency or institution ..... 04
- Commercial business, agency or institution ..... 05
- College or university ..... 06
- Other (please specify) ..... 07

What is the employer's name? (Please print)

\_\_\_\_\_

What is or will be your primary position with this employer?

(Please enter code from list below) \_\_\_\_\_

**Occupational Codes**

- 01 Administrator/Manager
- 02 Biostatistician
- 03 Community health worker
- 04 Dentist
- 05 Environmental engineer
- 06 Environmental scientist
- 07 Environmental technician/sanitarian
- 08 Epidemiologist
- 09 Health educator
- 10 Health information specialist
- 11 Health planner
- 12 Nurse practitioner
- 13 Physical therapist
- 14 Physician
- 15 Professor
- 16 Registered nurse
- 17 Research fellow
- 18 Teach in primary or high school
- 19 Other (please specify) \_\_\_\_\_

Is this position full-time or part-time? \_\_\_\_\_

- Full-time ..... 1
- Part-time ..... 2

To what extent does this position make use of the training you received at SPH? \_\_\_\_\_

Not at all

Very Much

Don't Know

1

2

3

4

5

6

7

8

**Business Name &**

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Business Phone Contact:** \_\_\_\_\_

**General comments regarding what you gained from the program. Did you get what you wanted/expected? Did you attain the skills you need?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Most helpful courses:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Least helpful courses:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Comments on quality of advising: (If you submitted the student evaluation of academic/research advising form, you may skip this section.)** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Comments on Administrative and Support Staff:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Comments on Office of the Dean, Reference Center, SPH Administration and Staff:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Comments on SPH and UIC (include comments on how to improve the School and how it compares with other programs).** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

