



STUDENT EXIT FORM

DIRECTORY INFORMATION

Name: _____
(Last) (First) (MI)

Address _____
(Street) (City) (State) (Zip)

Phone: (____) _____ Cell Phone (____) _____ Email Address _____

CHANGE NAME- FROM: _____ TO: _____

Supporting Legal Document Required

EXIT INTERVIEW QUESTIONS:

- Did you work while in School? Yes No _____
Where
- Did you have a hospital scholarship? Yes No _____
Where
- Do you have a forgivable loan from TriHealth? Yes No _____

STUDENT SERVICES QUESTIONS:

- Did you experience Personal and Professional Growth Yes No _____
Comments
- Did we respect your rights and responsibilities? Yes No _____
Comments
- Do you have a parking pass? Yes No
- How do you prefer to communicate after Email Postal Mail Phone

Preferred Email Address _____

Students with parking passes must return them no later than the morning of the Strawberry Breakfast.

FINANCIAL AID EXIT INTERVIEW

STUDENT SIGNATURE _____ **Date** _____

REGISTRAR SIGNATURE _____ **Date** _____
(OR DESIGNEE)

FINANCIAL AID SIGNATURE _____ **Date** _____

If you have comments about Good Samaritan College, please feel free to write them on the back of this form.