Exit Interview Form for Graduating Students

Please PRINT clearly. Answer all questions. When completed and signed, please deliver this Exit Interview to your Campus Registrar’s office by mail, fax, scanned email, or in person. All answers are kept confidential and will in no way reflect negatively on the person completing this form.

1. Name: ___________________________ Student ID #: ___________________________

2. Address: ________________________________________________________________

3. Phone: ___________________________ Email address: ___________________________

4. Last Schiller Campus attended: ___________________________ Major: ___________________________ Degree: ___________________________


7. Are you continuing your education? ☐ Yes or ☐ No 8. If yes, where? ☐ Schiller or ☐ other

9. Name of the institution: ___________________________ 10. What degree are you seeking: ___________________________

11. Address of the Institution: _____________________________________________

12. Are you currently working or do you have a position lined up? ☐ Yes or ☐ No

13. If no on #12 please go to #15. If yes, provide the following:

   Name of Employer: ___________________________ Employer Address: ___________________________

   Supervisor Name: ___________________________ Supervisor Title: ___________________________

   Telephone: ___________________________ Your Job Title: ___________________________

14. Is your current position (Check the appropriate box) ☐ in your field of study, ☐ in a related field, ☐ in a field NOT related to your studies?

15. If you do not have a job, are you actively seeking employment? ☐ Yes or ☐ No (If yes, go to #16, if no, go to #17)

16. Have you submitted your resume to Career Services for approval? ☐ Yes or ☐ No

17. Do you need Career Services assistance with any of the following:

   ☐ Resume        ☐ Interviewing        ☐ Job search        ☐ Placement        ☐ Other: ___________________________

18. If no to #15, what are your plans for the immediate future? (check one)

   ☐ Continue Education ☐ Enroll Military ☐ Start Family ☐ Health issue Prevents working ☐ other: ___________________________

19. How would you rate the usefulness of your educational preparation at Schiller for your career plans? (Check appropriate box.)

   ☐ Not Helpful        ☐ Somewhat Helpful        ☐ Helpful        ☐ Very Helpful

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20. Which aspects of your Schiller education were most important and most useful in preparing you for your career plans? (Check all appropriate boxes.)

☐ International Experience  ☐ Curriculum  ☐ Multilingualism  ☐ Career Planning Department  ☐ Internship  ☐ Other: __________________________

21. In your opinion, which areas of your educational program at Schiller were particularly strong?

________________________________________________________________________

________________________________________________________________________

22. In your opinion, which areas of your educational program at Schiller could be improved, if any?

________________________________________________________________________

________________________________________________________________________

23. May we use your name and address for prospective student referrals?  ☐ Yes  or  ☐ No

Signature: ___________________________________________  Date: ___________________________