



Career Services Exit Interview

Student Information

Workshop Date: ____/____/____

Student Name: _____

Campus: Hialeah Campus (Main) ____ Training Center ____

South Campus ____ Online Learning ____

Field of Study: _____

Social Security or Student number: _____

Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: (____) _____

Cell phone: (____) _____

E- Mail: _____

Do you plan to continue your education? Yes ____ No ____

If so, to what Institution? _____

Employer Information

Name of Company: _____

Supervisor: _____

Company Address: _____

City: _____ State: _____ Zip code: _____

Phone Number: (____) _____

Position: _____

Time Currently Employed: ____ Salary: ____ Benefits (circle one): yes / no

Part- Time ____ Full- Time ____

OFFICE USE ONLY

Grad. Date:

Circle one: On Campus Virtual via Collab Virtual via Blackboard

Date Placed:

Code: