



STUDENT SUPPORT SERVICES
DES MOINES AREA COMMUNITY COLLEGE—URBAN CAMPUS

TRIO/Student Support Services
Exit Interview Form

Name: _____ Student ID: _____

Address: _____

Phone Numbers (home): _____ (cell): _____

E-Mail (non DMACC): _____

Degree Earned: _____ Date (MM/YY): _____

1. Please indicate your immediate plans:

- a. Employed Where: _____
- b. Seeking employment _____
- c. Transferring to a 4-yr institution Where: _____
- d. Transferring to a 2-yr institution Where: _____
- e. Moving out of DMACC district _____
- f. Personal/Medical leave Expected return to DMACC: _____
- g. Returning to DMACC Why: _____

2. Please name *at least* two things that were most helpful about TRIO/Student Support Services.

3. Please name *at least* two things that we can do to improve services for our TRIO/SSS program.

4. What suggestions do you have for making TRIO/Student Support Services more accessible and beneficial to students?

5. As a TRIO/Student Support Services alumnus, which future events would you be a willing participant?

