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MCNAIR SCHOLAR GRADUATION EXIT SURVEY

Please complete this evaluation during your last semester enrolled at Lamar University.

| Scholar: | |
|-------------------------------------|---|
| | |
| List honors earned/notable achiever | ments: |
| | |
| | |
| | |
| | |
| New Address: | |
| | |
| State: | |
| Phone: | Cell: |
| Personal e-mail: | |
| GRE/Other Score: | Date: |
| | Contact Information |
| Once you become a part of the McN | Nair Program, we will want to contact you periodically. |

Once you become a part of the McNair Program, we will want to contact you periodically. Please keep us informed of any address or telephone number change, should it occur. The Department of Education requires that we must report information about graduates of our program and is crucial to our continued funding. Your cooperation will be greatly appreciated. List at least two contacts who should know your whereabouts in the years to come so we can keep track of your academic progress should we lose contact with you.

| Name: | | Name: | · · · · · · · · · · · · · · · · · · · | <u> </u> |
|---------------|------|---------------|---------------------------------------|-----------------------|
| Relationship: | | Relationship: | | |
| Address: | | | | |
| City: | | City: | | |
| State: | Zip: | State: | Zip: | |
| Phone: | | Phone: | | E.19(Eooh 5 9) |

| Have you applied to graduate school? | | Yes | No | |
|---|-------------------|----------|-------------------------|----|
| Have you been accepted to graduate school? | | Yes | No | |
| | | Havenc | t heard yet | |
| Do you plan to apply to graduate school? | | Yes | No | |
| | | When? | | |
| Schools I have/will apply to: | | | | |
| | | | | |
| | | | | |
| | | | | |
| Where were you accorted? (Place indic | to what financial | aidwasa | ffored for each program | if |
| Where were you accepted? (Please indica any.) | | aiu wasu | nereu for each program, | 11 |
| Cary./ | | | | |
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| | | | | |
| | | | | |
| | | | | |
| Ac | ademic Plans | S | | |
| nstitution: City, State | | | | |
| Major/Program: | | | | |
| Anticipated beginning date: | | | | |
| Are you receiving financial aid? YE | S NO | | | |
| If yes, what kind of aid did you receive? | | | | |
| Is there a McNair program at that university? | | 1 | 10 | |

Career Information

| Are you currently employed? | Yes | No | | | | |
|---|---------------------------------------|----|--|--|--|--|
| If yes, do you plan to continue at this company/position? | Yes | No | | | | |
| If you are planning changes in employment, please tell us your plans: | | | | | | |
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Program Information

What advice would you give incoming McNair Scholars about participation in our program?

What could the McNair Scholars Program have provided to better assist you in pursuing your graduate education?

What were the highlights for you while participating in the McNair Scholars Program?