

MCNAIR SCHOLAR GRADUATION EXIT SURVEY

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

Scholar: _____

Undergraduate Graduation Date: _____

List honors earned/notable achievements: _____

New Address: _____

City: _____

State: _____ Zip: _____

Phone: _____ Cell: _____

Personal e-mail: _____

GRE/Other Score: _____ Date: _____

Contact Information

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: _____

Relationship: _____

Relationship: _____

Address: _____

Address: _____

City: _____

City: _____

State: _____ Zip: _____

State: _____ Zip: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Graduate School Information

Have you applied to graduate school? Yes_____ No_____

Have you been accepted to graduate school? Yes_____ No_____

Have not heard yet _____

Do you plan to apply to graduate school? Yes_____ No_____

When? _____

Schools I have/will apply to:

Where were you accepted? (Please indicate what financial aid was offered for each program, if any.)

Academic Plans

Institution: _____ City, State _____

Major/Program: _____

Anticipated beginning date: _____ Anticipated ending date: _____

Are you receiving financial aid? YES NO

If yes, what kind of aid did you receive? _____

Is there a McNair program at that university? YES NO

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:

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?

What were the most beneficial services the McNair Scholars Program provided to assist you in pursuing your graduate education?

Thank you for taking the time to fill out this survey. We will be in touch as you continue to progress through graduate school and will contact you for yearly updates.

Exit Survey Date: _____

Scholar Signature: _____

Director: _____

Date Filed & Updated: _____

Graduation GPA: _____