

Clinical Translational Sciences Exit Interview Form

### Congratulations on completing your degree in Clinical Translational Sciences! Now that you have graduated, we would be grateful for your feedback about the CTS program. Collection of this information is a requirement by our accrediting organizations, and your comments are extremely helpful to us to further improve the program. Although we will share the information you provide, you will not be identified.

### We appreciate your assistance in completing this form. Please return the completed form to the CTS program at: CTSsupport@email.arizona.edu or by mail to the Tucson address above.

### **Student Information (please print or type)**

|  |  |
| --- | --- |
| **Name:** |  |
| **Degree:** |  |
| **Semester/Term Completed:** |  |
| **New Mailing Address:** |  |
| **New Email:** |  |
| **New Phone Number:** |  |
| **Length of Time in Program:** |  |
| **Name of Faculty Mentor:** |  |

|  |  |
| --- | --- |
| **New Employer or School (if continuing education):**  |  |
| **New Employer or School Address:**  |  |
| **New Position Title:**  |  |
| **Full or Part Time Position:** |  |
| **Starting Salary:** |  |
| **How many job offers did you receive?:**  |  |

What went well in your program of study?

How was your experience with your faculty mentor? How could it have been improved?

Did the CTS program give you the education you expected/wanted? If not, what could have been better?

Would you recommend CTS to other students? Why or why not?

What changes or improvements do you suggest for the CTS program?

Can the CTS program assist you in any way now?