

# Exit Interview 2020/2021

Please submit by May 30

 **deanzaeops@gmail.com** (not shared) [Switch account](#) 

\* Required

Last Name \*

Your answer

First Name \*

Your answer

Student ID \*

Your answer



Email \*

Your answer

Did you apply for an Associate (AA/AS/ADT) Degree in 2020-2021? \*

Yes

No

If Yes, Please list. (Please contact your counselor/academic advisor to clarify the AA/AS/ADT degree you earned)

Your answer

Did you complete transfer requirements in Fall 2020 or Winter/Spring 2021 and will transfer in Fall 2021? \*

Yes

No

If yes, to which university?

Your answer



What is your transfer major?

Your answer

Are you a recipient of scholarship(s) from De Anza, your transfer university, or an outside organization? \*

- Yes
- No
- Not sure

If yes, please list:

Your answer



Please rank the following EOPS/CARE services according to their importance to you: \*

	Did not use or receive this service	Not Important	Somewhat Important	Important	Very Important
Early Registration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Academic Planning & Advising	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Book Funds/Book Loan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
University Transfer Assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal and Career Counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Workshops	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Computer/Printer Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Supplies/Scantrons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Calculator Loan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
EOPS/CARE Grant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Are there other EOPS services that were or would have been beneficial to you?

Your answer



Please share with us your EOPS experience in a 100-300 word statement. Did the support and services you received from EOPS contribute to your success? If yes, in what ways? What is your goal after you complete your education? \*

Your answer

EOPS/CARE will share the student statements and/or photos on the EOPS website. Do you give your permission to EOPS/CARE to share your statement and/or photo? \*

Yes

No

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