

GRADUATING STUDENT EXIT SURVEY

Please return to Basil Hanss at exit interview

STUDENT INFORMATION					
Student Name		MTA:			
Dissertation Advisor:	Date of Matriculation:	Date of Defense:	Total time (Omit LOA):		
POST-DOCTORATE					
Next Step – Please indicate Title of Position, Supervisor, Department, and Institution					
Area of Research– Briefly describe the area of research in this position					
<p>Long Term Goal(s):</p> <p>1. I ultimately plan on a career in: <input type="checkbox"/> Academia(teaching) <input type="checkbox"/> Academia(research) <input type="checkbox"/> Industry (check all that apply): <input type="checkbox"/> Other (please indicate): _____</p> <p>2. In selecting my next professional position, the most important considerations will be (rank from 1 to 4)</p> <p>_____ Professional development and satisfaction _____ Quality of life and family issues _____ Geographic location _____ Salary level</p> <p>3. With regard to my long-term career goals, the most important considerations are (rank order from 1 to 4)</p> <p>_____ Professional development and satisfaction _____ Quality of life and family issues _____ Geographic location _____ Salary level</p> <p>4. More detailed comments about long-term goals:</p>					
YOUR EXPERIENCES AT ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI					
Please comment on both Academic and Non-academic areas:					
1. How would you rate the following characteristics of your graduate experience		Scale (1=excellent, 5=very poor - circle one)			
Level, breadth, and content of courses	1	2	3	4	5
Quality of instruction	1	2	3	4	5
Mentoring/career guidance	1	2	3	4	5
Research environment	1	2	3	4	5
Program activities (i.e. Seminars)	1	2	3	4	5
Interactions with fellow students	1	2	3	4	5
Thesis Advisory Committee	1	2	3	4	5
Program administration	1	2	3	4	5
Mechanism for addressing grievances	1	2	3	4	5
Overall level of satisfaction	1	2	3	4	5
2. Length of my training period was, relative to my goals/initial background	<input type="checkbox"/> too long		<input type="checkbox"/> about right		<input type="checkbox"/> too short
3. Additional Comments (use back if necessary):					
CONTACT					
Can we add your name and contact information to the list of alumni who can be contacted by current students and/or applicants? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Contact info:	Non-Sinai email		Telephone		
Mailing address:					