

ATTRITION SURVEY

Nursing Program Exit Interview

Please complete the following questionnaire. Your name is not needed. Any information collected will only be used in an aggregate form and not to identify particular students. Thank you for taking the time to answer the questions. Your response will be of benefit to the TMCC nursing program.

1. Please check reasons applicable to your exiting the program:

- Financial problems
- No longer interested in this program
- Felt it wasn't your career choice
- Scholastic difficulties
- Health reasons
- Moving out of area
- Personal reasons
- Other: (Explain) _____

2. Did you think that you were adequately advised about the demands of the program before you entered?

- Yes No Comments: _____

3. Did you discuss your plans to drop out with a anyone before you dropped?

- Yes No Comments: _____

4. Did you think that counseling or other help was available if you requested it?

- Yes No

If so, did you take advantage of the help?

- Yes No Comments: _____

5. Did you think that your Nursing Faculty Advisor was available if you needed him/her?

- Yes No

If so, did you take advantage of the help?

- Yes No Comments: _____

6. Would the availability of more scholarships or similar financial aid(s) have enabled you to remain in the program?

- Yes No Comments: _____

At this time, do you think you made the right decision in exiting the program?

- Yes No Comments: _____

Faculty Comments/ Signature: _____

Student Signature (optional): _____

Nursing Program Demographic Data Sheet

Please complete the following questionnaire and return in the envelope provided. Your name is not needed. Any information collected will only be used in aggregate form and not to identify particular students. Thank you for taking the time to answer the questions. Your response will be of benefit to the Nursing Program.

1. Gender: male female

2. Age: _____ years

3. Ethnic group: White (non-Hispanic)
 American Indian/Alaskan Native
 Asian/Pacific Islander
 Hispanic
 Black (non-Hispanic)

4. Marital status: single married

5. Number of dependent children: _____

6. Other degrees: Yes No

If yes, please specify: _____

7. Hours worked while attending school: _____

8. Are you currently receiving financial aid? Yes No

Please list sources: _____

9. Are you a displaced homemaker? Yes No

10. Do you have documented physical disabilities? Yes No

If yes, please explain: _____

11. Do you have documented academic disabilities? Yes No

If yes, please explain: _____

12. Are you a Nevada State resident? Yes No

Faculty Advisement Recommendations

The nursing faculty in the nursing program at Truckee Meadows Community College is committed to your success in the Nursing Program. During this time, we want to recommend that you do the following:

Audit/Take the following courses:

Work with the following student services:

Other:

Student's Signature

Date

Faculty Signature

Date