

# ATTRITION SURVEY

## Nursing Program Exit Interview

Please complete this questionnaire. Your response will be of benefit to the TMCC Nursing Program. 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.

1. Please check reasons applicable to your exiting the program:	
<input type="checkbox"/> Financial problems	<input type="checkbox"/> Felt it wasn't your career choice
<input type="checkbox"/> No longer interested in this program	<input type="checkbox"/> Scholastic difficulties
<input type="checkbox"/> Other ( <i>explain</i> ):	<input type="checkbox"/> Health reasons <input type="checkbox"/> Personal reasons <input type="checkbox"/> Moving out of area
2. Did you think that you were adequately advised about the demands of the program before you entered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	
3. Did you discuss your plans to drop out with anyone before you dropped? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	
4. Did you think that counseling or other help was available if you requested it? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes", did you take advantage of the help? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	
5. Did you think that your Nursing Faculty Advisor was available if you needed him/her? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes", did you take advantage of the help? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	
6. Would the availability of more scholarships or similar financial aid(s) have enabled you to remain in the program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
At this time, do you think you made the right decision in exiting the program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	
Faculty Signature	Date
Faculty Comments	
Student's Signature ( <i>optional</i> )	Date

## Demographic Data

Please complete the following and return in the envelope provided. Information collected is 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 TMCC's Nursing Program.

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	No. of Dependent Children
Ethnic Group <input type="checkbox"/> White ( <i>non-Hispanic</i> ) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Black ( <i>non-Hispanic</i> )			
Other Degrees? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", Please Specify:			Hours Worked While Attending School
Are You: A Displaced Homemaker? <input type="checkbox"/> Yes <input type="checkbox"/> No A Nevada State Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No Currently Receiving Financial Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No      If "Yes", Please List Source(s):			
Do You Have Documented Physical Disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", Please Explain:			
Do You Have Documented Academic Disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", Please Explain:			