PALO VERDE COLLEGE ONE COLLEGE DRIVE BLYTHE CA 92225 (760) 921-5500

EOPS Exit Interview

Name	:			
	First	Middle	Last	
Stude	nt Identification #:			
Addr	ess:		Phone #:	
City		State	Zip	
	PL	EASE CHECK RESPON	NSES THAT APPLY:	
	I plan to continue with the EOPS/CARE program at Palo Verde College			
	1. What is your major?			
	AA/AS Degree			
	Certificate			
	Job Skills			
	Vocational Degree			
	Basic Skills (including ESL)			
	Transfer with AA/AS Degree			
	Transfer without AA/AS Degree			
	I do not plan to continue with the EOPS/CARE program at Palo Verde			
	College next semester for the following reasons:			
	Degree earned:		_ Date of Graduation:	
	Certificate(s) earned:			
	I plan to transfer to a four-year college or university.			
	*Name of college or university:			
	I plan to work after this semester.			
	Financial Reasons			
	Medical Reasons			
	Family obligations/problems			
	Other (please specify):			
Stude	nt's Signature:		Date:	
EOPS	S Director/Counselor S	Signature:		