



Jackson Heart Study Graduate Training and Education Center  
Daniel Hale Williams Scholars Program  
**Exit Form**

**[Please Print]**

Name: \_\_\_\_\_  
*First Middle Last*

Local Address: \_\_\_\_\_  
*Street City State*

Local Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address (2): \_\_\_\_\_

Program Completion Date: \_\_\_\_\_

1. What are your plans following the program: \_\_\_\_\_  
\_\_\_\_\_

2. What are your career goals: \_\_\_\_\_  
\_\_\_\_\_

3. **The program has helped to further develop my career goals.**  
 Strongly Agree  Moderately Agree  Agree  Disagree  Strongly Disagree

4. **I am satisfied with the program.**  
 Strongly Agree  Moderately Agree  Agree  Disagree  Strongly Disagree

5. **The program was effective.**  
 Strongly Agree  Moderately Agree  Agree  Disagree  Strongly Disagree

6. **I made myself available to all or nearly all the program activities.**  
 Strongly Agree  Moderately Agree  Agree  Disagree  Strongly Disagree