UNIVERSITY OF THE PHILIPPINES MINDANAO

Counseling and Testing Section
OFFICE OF STUDENT AFFAIRS



OSA-CTS Form No. <u>07</u> Revised 2022

STUDENT EXIT SURVEY FORM (SES FORM)

[Non-graduating]

Date of Filing:

Directions: Students who are planning to exit from UP Mindanao must complete this form. The objectives are as follows: (a) to ensure a uniform process and documentation. (b) for student records in the office. (c) to secure pertinent information needed by the University. (d) to standardize the process of student exit. (e) for future research activity. Please note that any information provided herein shall remain confidential. IF IN CASE, your transfer will not be successful, kindly inform immediately the CTS-OSA, for proper disposal of this Form.

Family Name:	First Name:	Middle Initial:
Year/Course Mobile No.	Email	Middle Initial: Sem/AY to transfer
Where to Transfer (What campus):		
1. What are the reason(s) for leav	ing the University of th	ne Philippines Mindanao?:
☐ Transfer	☐ Marriage	☐ Language Difficulty ☐ Entered Military/PNP ☐ Needed at Home
		□ Needed at Lleme
□ Illness	Pregnancy	☐ Needed at Home
	☐ I ransfer of residenc	e ☐ Harassment/Bullying
☐ Others (Please specify)		☐ Language Difficulty ☐ Entered Military/PNP ☐ Needed at Home e ☐ Harassment/Bullying
2. Explain further your answer in No. 1?		
3. What or who influenced your o	decision to leave UP Min	ndanao?
4. Any regrets why you leave UP Mindanao?		
5. What are the positive and negative things or experiences you have had in UP Mindanao?		
Positive:		
Negative:		
6. What are your immediate plans?		
7. What are your long-term career goals?		
8. Any comments or suggestions for UP Mindanao?		
Remarks (please don't fill-up this po	ortion) S	tudent's Signature: