**Student Exit Interview Form**

# STUDENT DETAILS:

STUDENT NAME:

DATE OF BIRTH: STUDENT ID:

CONTACT NUMBER: EMAIL:

ADDRESS:

# COURSE DETAILS:

COURSE NAME:

START DATE: LAST CLASS ATTENDED ON:

# INTERVIEW DETAILS:

DATE : TIME:

INTERVIEWER(S):

1.

3.

2. 4.

Additional information attached: YES NO

# Reason for cancellation of enrolment:

**Will the student continue study at another institution?** YES NO If yes, will student enrol in? Similar course Different course

INTERVIEWERS COMMENTS:

Student's Signature: Date:

Interviewer's Signature: Date:

## *Student Exit Interview Form Version 1.0 2016* Milestones English Academy CRICOS: 03496B

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