

LSU IMSD PROGRAM

EXIT FORM

With efforts to monitor the long-term effectiveness of the LSU IMSD program, it is vital that we be able to contact former IMSD scholars and obtain information regarding educational and career activities after program completion. All personal information collected remains confidential.

Name: _____ Date: _____
Last First MI

(Contact Information)

Permanent Address: _____
Street

City State Zip

Phone: _____ E-mail: _____

Graduation date: _____ Degree receiving: _____

1. Does the IMSD program have your permission to contact you after completion of the IMSD program?

YES NO

*If yes, please indicate the best method of contacting you: mail e-mail
 phone other:

2. Would you like to remain on our IMSD newsletter mailing list?

YES NO

3. Would you be permissible in having a featured article in our newsletter on your success after completion of the IMSD program?

YES NO

4. Have you presented a poster at a national or regional meeting/conference?

YES NO

5. Have you co-authored a peer-reviewed publication during your participation in the IMSD program?

YES NO



6. Have you applied to a Graduate/Professional program? YES NO

- If YES, have you been accepted? YES NO Not sure
- If NO (question # 6) , will you be applying? YES NO

If yes, Where?

Please provide information below to the graduate/professional program you will be attending:

Name of Institution: _____

Department: _____ Degree Seeking: MA MS PhD MD MD/PhD

Concentration: _____ Start Date: _____

7. If you are attending Medical School, will you be seeking an MD/PhD degree?

YES NO Not Applicable

- If Yes, Will you be enrolling into the MD/PhD program immediately upon admittance?
 YES NO

8. Please elaborate how your future educational plans will involve biomedical research?

Student signature: _____

Date: _____