



STUDENT DETAILS			
NAME			
Centre (if applicable)			
Full time / Part time		Year of Study (1 st , 2 nd , etc)	
Start Date (LOA only)		End Date	
Reason:	<input type="checkbox"/> Leave of Absence (LOA)	<input type="checkbox"/> Withdrawal	<input type="checkbox"/> Submission

EXIT SURVEY (optional – not LOA)				
If submitting, please select one of the following destinations and feel free to provide further detail in the space provided:				
<input type="checkbox"/> Position with a Higher Education Institution	<input type="checkbox"/> Further study in a Higher Education Institution	<input type="checkbox"/> Government Position	<input type="checkbox"/> Industry Position	<input type="checkbox"/> No further study or employment at this stage
Name of Company / Institution:				
Role/Area (in broad terms):				
If withdrawing, please select one of the following reasons or feel free to provide a further detail in the space provided:				
<input type="checkbox"/> Personal circumstances	<input type="checkbox"/> The program wasn't what you expected	<input type="checkbox"/> Insufficient progress	<input type="checkbox"/> Difficulties accessing staff or services	<input type="checkbox"/> Transferring to another discipline or Faculty.
Further detail:				
Would you like us to contact you in relation to this feedback? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please provide contact details: Phone: Email:				

Swinburne University of Technology collects, uses and destroys your information in accordance with our Privacy Policy, which can be found at <http://www.swin.edu.au/corporate/registrar/ppd/files/humanres/htm>.

EXIT CHECKLIST	
Please tick off the completed items prior to leaving Swinburne University of Technology FEIS:	
Return keys to office and cabinets.	
Clear desk and drawers.	
All research materials and equipment returned (Including Library loans and Computers).	
Payment of any monies owing (fees, fines).	
Return student card (if applicable).	

SIGNATURE	
Please sign and print name:	
Discussed with Supervisor:	Supervisors Name:
PLEASE SUBMIT to the FEIS Research Administration Coordinator, EN Building, Level 7, Room EN712a	

Office Use Only	
Date Received:	Scholarship suspension/termination requested:
Key/Room register updated:	IT Services notified:



Faculty of Engineering & Industrial Sciences
Postgraduate Exit Survey & Checklist

