



## 2018-19 Student-Athlete Exit Interview

As per NCAA Bylaw 6.3.2

Sport: \* \_\_\_\_\_

Date: \* \_\_\_\_\_

Student-Athlete Full Name: \* \_\_\_\_\_

SA Permanent/Parents' Mailing Address: \_\_\_\_\_

Cellular Telephone Number with Area Code: \_\_\_\_\_

SA Email Address (non-UND): \_\_\_\_\_

SA Email Address at UND: \_\_\_\_\_

Date: \* \_\_\_\_\_

**Special Note: \* If at any point it is your intention to transfer to another institution or leave UND, you are responsible for properly withdrawing from the University through the Registrar's Office and the Housing Office.**

Sport: \* \_\_\_\_\_

Academic Major: \* \_\_\_\_\_

Gender: \*  Female  Male

1. Please mark all the categories that apply to you:

- \*  Walk-on, not recruited
- Recruited student-athlete receiving athletics aid
- Recruited student-athlete not receiving athletics aid
- Earned athletics aid after arriving at UND
- Transferred to UND from 2 yr school
- Transferred to UND from 4 yr school

2. Circle the description that best describes how often you participated in your sport's competitive events.

TEAM SPORT: \*  Starter  Regular  Specialist  Occasional  Seldom

INDIVIDUAL SPORT: \*  100%  75%  50%  25%  less than 25%

3. How many years of athletics eligibility did you use? (circle one)

1  2  3  4  5

Will you graduate at the conclusion of this semester? \*  YES  NO

### STUDENT-ATHLETE WELL-BEING

4. If you were being recruited today, would you choose to attend this institution again?

\*  YES  NO

If NO, please explain: \_\_\_\_\_

5. Did your coach and the institution live up to the commitments promised to you as a recruit?

\*  YES  NO

If NO, please explain: \_\_\_\_\_

6. Would you encourage other student-athletes to attend UND?

\*  YES  NO

If NO, please explain: \_\_\_\_\_

7. To what extent did you achieve your goals? (Mark one for Athletic and one for Academic)

Athletic

Academic

\*  Completely  
 Somewhat  
 Not at all

\*  Completely  
 Somewhat  
 Not at all

8. What were the contributing factors, both positively and negatively?

\_\_\_\_\_

9. Overall, do you feel that you had a valuable experience as a student-athlete?

\*  YES  NO

If NO, please explain: \_\_\_\_\_

10. What are the most valuable things that participation in athletics at UND has afforded you?

\_\_\_\_\_

11. Do you feel that any of your teammates (or fellow student-athletes) have a problem with the following:

Drug Use \*  YES  NO

Steroid Use \*  YES  NO

Alcohol Use \*  YES  NO

Supplement Use \*  YES  NO

12. If you had an alcohol, drug, steroid, or supplement problem, who would you have turned to for help? (Check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> <b>Head Coach</b>       | <input type="checkbox"/> <b>Athletic Physician</b>           | <input type="checkbox"/> <b>Professor</b>              |
| <input type="checkbox"/> <b>Assistant Coach</b>  | <input type="checkbox"/> <b>Athletics Dept. Staff Member</b> | <input type="checkbox"/> <b>Fellow Student-Athlete</b> |
| <input type="checkbox"/> <b>Athletic Trainer</b> | <input type="checkbox"/> <b>Academic Advisor</b>             | <input type="checkbox"/> <b>Other (please specify)</b> |

If other, please specify: \_\_\_\_\_

13. Are you aware of the free counseling services and other mental wellness resources available to all UND students?

\*  **YES**  **NO**

If NO, were you at your team's meeting at the start of the year (NCAA paperwork meeting)?  **YES**  **NO**

If NO, did you receive a copy of the SA Handbook?  **YES**  **NO**

If NO, did you receive AAS Newsletters and email regarding activities related to mental health and overall wellness?  **YES**  **NO**

14. Did you feel the athletics department administrative and student support areas (ex: AAS, training room, athletics administration) provided a safe and healthy environment?

\*  **YES**  **NO**

15. Did your involvement as a student-athlete allow for involvement in other campus organizations and integration into campus life?

\*  **YES**  **NO**

If NO, please explain: \_\_\_\_\_

16. Were practice times usually scheduled in a manner to allow you access food service or meals at a reasonable time?

\*  **YES**  **NO**

If NO, please explain: \_\_\_\_\_

17. Was your practice or competition schedule ever a hindrance to you academically?

\*  **YES**  **NO**

If YES, please explain: \_\_\_\_\_

18. Were you treated fairly and with respect by athletics administrators?

\*  **YES**  **NO**

If NO, please explain: \_\_\_\_\_

19. Overall, do you feel that the institution is committed to student-athletes' physical, psychological, and emotional health?

\*  **YES**  **NO**

If NO, please explain: \_\_\_\_\_

## COACHING

20. Do you believe that your coach(es) were sensitive to the demands placed on your time?

\*  YES  NO

If NO, please explain: \_\_\_\_\_

21. Were you subject to coaching techniques that involved the following:

Physical abuse? \*  Often  Sometimes  Never

Example: \_\_\_\_\_

Verbal abuse? \*  Often  Sometimes  Never

Example: \_\_\_\_\_

Mental abuse? \*  Often  Sometimes  Never

Example: \_\_\_\_\_

22. In general, what do you believe were the strengths of the coaching staff in your sport?

\_\_\_\_\_

23. In what areas, if any, do you believe the coaching staff in your sport could improve

\_\_\_\_\_

24. Did your coach emphasize the importance of good academic progress?

\*  YES  NO

## FACILITIES

25. Were the appropriate athletic facilities available at times appropriate for your sport?

\*  YES  NO

If NO, please explain: \_\_\_\_\_

26. Did the athletic facilities contribute to the success of your sport?

\*  YES  NO

If NO, please explain: \_\_\_\_\_

27. Did the athletics facilities provide a safe place to practice and compete?

\*  YES  NO

If NO, please explain: \_\_\_\_\_

28. Was your team locker room a safe and securable place for you and your equipment?

\*  YES  NO  NA

If NO, please explain: \_\_\_\_\_

## EQUIPMENT

29. Was your team provided with the appropriate and safe equipment for your sport?

\*  YES  NO

If NO, please explain and be specific: \_\_\_\_\_

## TEAM TRAVEL

30. Was the competition schedule appropriate relative to your sport?

\*  YES  NO

If NO, please explain: \_\_\_\_\_

31. Was the team travel lodging appropriate and safe for each location?

\*  YES  NO

If NO, please explain and be specific: \_\_\_\_\_

32. Were team travel meals appropriate?

\*  YES  NO

If NO, please explain: \_\_\_\_\_

33. Was the team travel transportation appropriate and safe for each location?

\*  YES  NO

If NO, please explain and be specific: \_\_\_\_\_

34. Do you feel that the institution is committed to your travel safety?

\*  YES  NO

If NO, please explain: \_\_\_\_\_

## STRENGTH AND CONDITIONING

35. My strength and conditioning coach seemed to have a genuine interest in my overall development.

\*  YES  NO

If NO, please explain: \_\_\_\_\_

36. My workouts were scheduled around my class/sport schedule.

\*  YES  NO

If NO, please explain: \_\_\_\_\_

37. The strength and conditioning coach provided me with verbal/written instructions for each exercise.

\*  YES  NO

If NO, please explain: \_\_\_\_\_

38. I was satisfied with the overall quality of my strength and conditioning training.

\*  YES  NO

If NO, please explain: \_\_\_\_\_

39. The strength and conditioning equipment was appropriate relative to my sport.

\*  YES  NO

If NO, please explain: \_\_\_\_\_

40. The strength and conditioning exercises were appropriate relative to my sport.

\*  YES  NO

If NO, please explain: \_\_\_\_\_

41. Were the facility and equipment properly maintained?

\*  YES  NO

If NO, please explain: \_\_\_\_\_

42. Were the facility and equipment safe?

\*  YES  NO

If NO, please explain: \_\_\_\_\_

### TRAINING ROOM

43. My athletic trainer seemed to have a genuine interest in my recovery/overall health.

\*  YES  NO

If NO, please explain: \_\_\_\_\_

44. My appointments were scheduled around my class/sport schedule.

\*  YES  NO

If NO, please explain: \_\_\_\_\_

45. The athletic trainer provided me with verbal/written instructions for each exercise.

\*  YES  NO

If NO, please explain: \_\_\_\_\_

46. I was satisfied with the overall quality of the care of my athletic related injury.

\*  YES  NO

If NO, please explain: \_\_\_\_\_

If NO, please explain: \_\_\_\_\_

47. I was able to return to participation in my sport.

\*  YES  NO

If NO, please explain: \_\_\_\_\_

48. My concerns were addressed by the athletic training staff.

\*  YES  NO

If NO, please explain: \_\_\_\_\_

49. I was made aware of that there are nutritional services offered through the Division of Sports Medicine?

\*  YES  NO

If NO, were you at your team's start of the year meeting (NCAA paperwork meeting)?  YES  NO

If NO, did you review this in the student-athlete handbook?  YES  NO

50. Were you aware of the departments emergency action medical plans (EAPs)?

\*  YES  NO

If NO, were you at your team's meeting at the start of the year (NCAA paperwork meeting)?  YES  NO

If NO, did you review this information in an email from administration?  YES  NO

### PHYSICAL THERAPY

51. During your time as an UND athlete, did you ever have an appointment(s) to work with the Physical Therapists in the Center for Sports Medicine?

\*  YES  NO

If YES, please continue.

If NO, please skip to question 56.

52. My physical therapist seemed to have a genuine interest in my recovery/overall health.

YES  NO

If NO, please explain: \_\_\_\_\_

53. My appointments were scheduled around my class/sport schedule.

YES  NO

If NO, please explain: \_\_\_\_\_

54. The physical therapist provided me with verbal/written instructions for each exercise.

YES  NO

If NO, please explain: \_\_\_\_\_

55. I was satisfied with the overall quality of my physical therapy care.

55. I was satisfied with the overall quality of my physical therapy care.

YES  NO

If NO, please explain: \_\_\_\_\_

56. I was able to return to participation in my sport.

\*  YES  NO

If NO, please explain: \_\_\_\_\_

57. My concerns were addressed by the physical therapy staff.

\*  YES  NO

If NO, please explain: \_\_\_\_\_

### SAAC

58. Were you aware of whom your Student-Athlete Advisory Council (SAAC) representatives were?

\*  YES  NO

If NO, were you at your team's meeting at the start of the year (NCAA paperwork meeting)?  YES  NO

59. Did your team SAAC representative's report back to you regarding information provided in their meetings?

\*  YES  NO

If YES, how often? \_\_\_\_\_

60. Is having your team representative report back to your team an effective way to communicate information?

\*  YES  NO

If NO, do you have any suggestions?  YES  NO

Are you aware that all SAAC minutes are available on our website for your review?  YES  NO

61. Were you aware that through your SAAC Representatives, you could suggest proposed changes in intercollegiate athletics and express concerns related to the administration of your sport?

\*  YES  NO

If NO, were you at your team's meeting at the start of the year (NCAA paperwork meeting)?  YES  NO

62. Do you have any suggestions for future SAAC projects?

\_\_\_\_\_

### GENDER EQUITY/ SEXUAL VIOLENCE

63. Do you feel male and female sports are treated equitably at UND?

\*  YES  NO



If NO, please explain: \_\_\_\_\_

64. Do you feel the men and women have equal access to and opportunity to use the strength and conditioning facilities?

\*  YES  NO

If NO, please explain: \_\_\_\_\_

65. Do you feel the men and women have equal access to and opportunity to use competition and practice facilities?

\*  YES  NO

If NO, please explain: \_\_\_\_\_

66. Do you feel that men and women have equal access to training room staff and facilities (not physical therapy)?

\*  YES  NO

If NO, please explain: \_\_\_\_\_

67. Do you feel that men and women have equal access to physical therapy staff and facilities (not athletics training)?

\*  YES  NO

If NO, please explain: \_\_\_\_\_

68. Do you feel the men and women have equal access to and opportunity to use Athletics Academic Services?

\*  YES  NO

If NO, please explain: \_\_\_\_\_

69. Were you aware that a Women's Center was available on campus to UND students?

\*  YES  NO

If NO, were you at your team's meeting at the start of the year (NCAA paperwork meeting)?  YES  NO

70. During your time at UND, were you provided, by the athletics department, the name and contact information for UNDs affirmative action/Title IX Coordinator?

\*  YES  NO

If NO, were you at your team's meeting at the start of the year (NCAA paperwork meeting)?  YES  NO

If NO, did you receive a copy of the SA Handbook?  YES  NO

If NO, did you receive email from athletics administration regarding gender equity and/or sexual violence that provided information?  YES  NO

If NO, did you receive AAS or Compliance Newsletters?  YES  NO

71. During your time at UND, were you provided information regarding resources available in relation to sexual violence and/or harassment, and/or bystander training?

\*  YES  NO

If NO, were you at your team's meeting at the start of the year (NCAA paperwork meeting)?  YES  NO

If NO, did you receive a copy of the SA Handbook?  YES  NO

If NO, did you receive email from athletics administration regarding sexual violence and/or harassment and resources available at UND?  YES  NO

If NO, did you receive AAS Newsletters and email regarding activities related to sexual violence and/or harassment?  YES  NO

72. Do you have any feedback or suggestions regarding gender equity, sexual violence or harassment within athletics?

\_\_\_\_\_

### DIVERSITY/INCLUSION

73. Do you feel that all student-athletes have equal access to and opportunity to use the strength and conditioning facilities?

\*  YES  NO

If NO, please explain: \_\_\_\_\_

74. Do you feel that all student-athletes have equal access to and opportunity to use practice and competition facilities?

\*  YES  NO

If NO, please explain: \_\_\_\_\_

75. Do you feel that all student-athletes have equal access to training room staff and facilities (not physical therapy) und?

\*  YES  NO

If NO, please explain: \_\_\_\_\_

76. Do you feel that all student-athletes have equal access to physical therapy staff and facilities (not athletics training)?

\*  YES  NO

If NO, please explain: \_\_\_\_\_

77. Do you feel that all student-athletes have equal access to and opportunity to use Athletics Academic Services?

\*  YES  NO

If NO, please explain: \_\_\_\_\_

78. Were you aware that Multicultural Student Services, International Center, and the Native American Center were available to all UND students?

\*  YES  NO

If NO, were you at your team's meeting at the start of the year (NCAA paperwork meeting)?  YES  NO

If NO, did you receive a copy of the SA Handbook?  YES  NO

If NO, did you receive AAS Newsletters and email regarding activities related to diversity and diversity related groups/activities?  YES  NO

79. Do you feel that the institution is committed to diversity/inclusion and ensuring we have a discrimination free environment?

\*  YES  NO

If NO, please explain: \_\_\_\_\_

80. Do you have any feedback or suggestions regarding diversity/inclusion or discrimination within athletics?

\_\_\_\_\_

## MARKETING/MEDIA RELATIONS

81. Do you think your sport was promoted to the public at an appropriate level?

\*  YES  NO

If NO, please explain: \_\_\_\_\_

82. What ideas do you have that could improve the visibility or promotion of your sport?

\_\_\_\_\_

83. Do you think that community service is emphasized appropriately within Athletics?

\*  YES  NO

If NO, please explain: \_\_\_\_\_

84. What ideas do you have that could improve the community service experience for your sport?

\_\_\_\_\_

## ACADEMICS

85. Do you feel that the services provided by athletics Academic Services (AAS) were at an appropriate standard?

\*  YES  NO

If NO, please explain: \_\_\_\_\_

86. Was the Athletics Study Center (ASC), and additional rooms, open at a time convenient for you?

\*  YES  NO

If NO, please explain: \_\_\_\_\_

87. Are the facilities for Athletics Academic Services(AAS) equipped with the appropriate equipment and/or computer software for your use?

\*  YES  NO

If NO, please explain: \_\_\_\_\_

88. Do you feel that the institution is committed to the academic success of student-athletes?

\*  YES  NO

If NO, please explain: \_\_\_\_\_

89. Do you feel that the institution adequately measures the extent of the time demands placed on the student-athlete?

\*  YES  NO

If NO, please explain: \_\_\_\_\_

90. Do you feel that the institution adequately measures the effectiveness of its policies and procedures to monitor the time demands placed on student-athletes (missed class time reports, study hall monitoring, final exam schedules, vacation periods, travel commitments)?

\*  YES  NO

If NO, please explain: \_\_\_\_\_

91. Were you aware of priority registration for classes?

\*  YES  NO

If NO, did you receive a copy of the Student-Athlete Handbook?  YES  NO

If NO, were you at your team's meeting at the start of the year (NCAA paperwork meeting)?  YES  NO

92. Did you take advantage of the priority registration for classes?

\*  YES  NO

If NO, please explain: \_\_\_\_\_

93. Did you attend any optional 'life skills' speakers/seminars/counseling events?

\*  YES  NO

If NO, why not? \_\_\_\_\_

94. Do you have any suggestions for future speakers/seminars/counseling events?

\*  YES  NO

If YES, what topics? \_\_\_\_\_

## COMPLIANCE

95. Who was your primary contact when you had questions about NCAA or institutional regulations?

- Head Coach
- Assistant Coach
- Athletics Administrator

- Compliance Officer
- Academic Advisor
- Other (please specify)

If other, please specify: \_\_\_\_\_

96. Were you informed of NCAA, conference, and institutional regulations in the following areas?

Amateurism? \*  YES  NO

Non-permissible (extra) benefits? \*  YES  NO

Academic Standards? \*  YES  NO

Boosters? \*  YES  NO

Eligibility Standards? \*  YES  NO

Recruiting? \*  YES  NO

NCAA Drug Testing? \*  YES  NO

Playing/Practice Time  YES  NO

When/where were you informed? (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Fall Student-Athlete Meeting</b> | <input type="checkbox"/> <b>Spring Student-Athlete Meeting</b>                  |
| <input type="checkbox"/> <b>Student-Athlete Newsletter</b>   | <input type="checkbox"/> <b>Other required meeting</b>                          |
| <input type="checkbox"/> <b>Other (please specify)</b>       | <input type="checkbox"/> <b>Start of Year Individual Team Paperwork Meeting</b> |

If other, please specify: \_\_\_\_\_

97. To the best of your knowledge, did the coaches and staff comply with NCAA, conference, and institutional rules?

\*  **YES**  **NO**

If NO, in what areas do you believe violations may have occurred (e.g. recruiting, financial aid, eligibility, non-permissible benefits)? \_\_\_\_\_

98. To the best of your knowledge, did other student-athletes comply with NCAA, conference, and institutional rules?

\*  **YES**  **NO**

If NO, in what areas do you believe violations may have occurred (e.g. recruiting, financial aid, eligibility, non-permissible benefits)? \_\_\_\_\_

99. Would you have liked to receive more information on any NCAA rules or institutional policies?

\*  **YES**  **NO**

If YES, in what areas and how should it be communicated? \_\_\_\_\_

100. Were you aware of the compliance office monitoring your countable athletically related activities/playing and practice time limitations during both championship and non-championship seasons?

\*  **YES**  **NO**

If NO, were you at your team's meeting at the start of the year (NCAA paperwork meeting)?  **YES**  **NO**

## FEEDBACK OPPORTUNITIES

101. Were you aware of the opportunity to fill out a **season-ending evaluation** at the end of your championship season giving you the opportunity to express concerns related to your sport?

\*  **YES**  **NO**

Did you participate in completing an online season-ending evaluation?  **YES**  **NO**

If NO, please explain: \_\_\_\_\_

Any suggestions or improvements for the season ending online evaluation process?  **YES**  **NO**

If YES, please explain: \_\_\_\_\_

104. Is there anything you would like to comment on that hasn't been covered in this interview relative to your sport program? (This is an opportunity for you to express concerns or to provide positive feedback related to the administration of your sport.)

---

105. Is there anything you would like to comment on that hasn't been covered in this interview relative to the athletics department as a whole? (This is your opportunity to suggest proposed changes in intercollegiate athletics or provide positive feedback.)

---

**By checking this box, I indicate my understanding of the information shown and provided on this form, and it is my intent to sign the record. I certify that my answers are complete and correct and that all information documented on this form is in accordance with NCAA and the University of North Dakota regulations. I understand that the University of North Dakota may share this information with the NCAA and that a photocopy of this authorization shall be as valid as an original.**

**State Law Requirement**

**State law requires that you be informed of the following: (1) your consent is limited to this one transaction; (2) you are entitled to a paper copy of the documents you have signed; and (3) you are entitled to withdraw your consent to future electronic signatures.**

Type your name as signature \*

---