
Louisville Student-Athlete Exit Interview

* Required

First Name *

a

Last Name *

a

Projected Graduation Semester *

a

Sport *

- Baseball**
- Men's Basketball**
- Women's Basketball**
- Men's Cross Country**
- Women's Cross Country**
- Field Hockey**
- Football**
- Men's Golf**
- Women's Golf**
- Lacrosse**
- Rowing**
- Men's Soccer**
- Women's Soccer**
- Softball**
- Men's Swimming/Diving**
- Women's Swimming/Diving**
- Men's Tennis**
- Women's Tennis**
- Men's Track & Field**
- Women's Track & Field**
- Volleyball**
- Cheer**
- Other**

Gender *

- Male
 Female

Race/Ethnic Group *

Black, Non-Hispanic

Choose the type of educational institution you attended immediately before enrolling at the University of Louisville.

*

High School

Choose the option that best describes how often you participated in your sport's competitive events. *

Team Sport: Starter

Choose the number of Fall and Spring Semesters you attended UofL. *

1

Choose the number of Summers you attended classes at UofL. *

0

Will you graduate at the conclusion of this semester? *

- Yes
 No
 Already Graduated

Were you recruited by UofL? *

For Example: Came on an official visit, Contacted off-campus by coach, More than one phone call from UofL coach.

- Yes
 No

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Athletic Experience

*Please evaluate the following experiences at UofL **

	1- Unsatisfactory	2- Poor	3- Satisfactory	4- Good	5- Excellent
Quality of overall athletic experience at UofL	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of coaching you received from your coaches	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of motivation you received from your coach	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of treatment you received from the athletic trainers	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of service you received from Sports Information	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of your recruiting experience	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Level to which the promises made during your recruitment were met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Level of interest your coach showed in your education during enrollment	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Level to which NCAA, Conference, UofL and team rules were explained to you.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rate how well your practices accommodated	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

1- Unsatisfactory 2- Poor 3- Satisfactory 4- Good 5- Excellent

Rate how well team travel arrangements minimized the number of missed classes



Rate your coaches in terms of their commitment to your academic time needs (class, study time, etc.)



Were you subjected to any of the following abuse by an athletic department staff member? *

Please select as many as applicable.

- Physical Abuse
- Emotional Abuse
- Verbal Abuse
- None of the Above
- Other:

If yes, please explain.

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If you had the opportunity to make the decision to choose UofL again under the same circumstances, would you choose UofL? *

- Yes
- No

Please explain your above answer. *

a

*What did you like MOST about your UofL ATHLETIC experience? **

a

*What did you like LEAST about your UofL ATHLETIC experience? **

a

In what areas did UofL help you achieve your personal goals?

Select as many as applicable.

- Athletically**
- Academically**
- Personally**
- Future Career Plans**

*Were you required by your coach to participate in more than 20 hours a week of in season or 8 hours a week of off-season athletically related activities during the year? **

This excludes competition travel time.

- Yes**
- No**

*Do you believe it is necessary to practice more than 20 hours a week of in season or 8 hours a week of off-season to be competitive in your sport? **

- Yes**
- No**

Please explain your above answer.

a

*Please evaluate the administration of your sport at UofL. **

	1- Unsatisfactory	2- Poor	3- Satisfactory	4- Good	5- Excellent
Rate how well your sport was organized	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rate the facilities you used	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rate the equipment you were provided	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rate how well team rules and expectation were communicated	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rate how well NCAA, Conference, UofL, and team rules were followed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rate your travel accommodations in terms of comfort	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rate your travel accommodations in terms of safety	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*Did you ever experience or see examples of discrimination as an athlete at UofL? **

- Yes
- No

If yes, please explain.

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What level of impact did the Thorntons Dining Center have on you and your teammates?

- Somewhat Negative
- No Impact
- Somewhat Positive
- Very Positive

In what areas could the Thorntons Dining Center be improved in the future?

a

****Only for scholarship student-athletes in Football, Men's & Women's Basketball, Volleyball, and Women's Tennis*** - how did you and your teammates use "Cost of Attendance" money? Please give specific examples. **

a

*What technologies (Twitter, Snapchat, GroupMe, texting, etc.) do you and your teammates use most to communicate? Please give specific examples. **

a

*What NCAA topics would you have liked to learn more about from the athletics department? **

a

*Are there any areas where you feel you needed more support? **

a

*What suggestions do you have for improving the lives of student-athletes at UofL? **

a

*What changes do you recommend to be made in intercollegiate athletics in general? **

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Academic Experience

*Please evaluate the following experiences based on your time at UofL **

	1- Unsatisfactory	2- Poor	3- Satisfactory	4- Good	5- Excellent
Quality of your on-campus dorm life	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of the academic instruction from faculty	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of food on campus	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of safety on campus	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of cooperation you received from faculty in making up tests and assignments missed due to team travel	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of support you received from Athletic Academic Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rate your time available to participate in campus life	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*If you had the opportunity to make the decision again under the same circumstances would you choose the same degree program? **

- Yes
 No

*Please explain your choice below. **

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*What did you like MOST about your UofL ACADEMIC experience? **

a

*What did you like LEAST about your UofL ACADEMIC experience? **

a

*Were you ever required to miss a final or mid-term exam due to athletic team's travel or competition? **

- Yes
 No

*Were you ever required to miss class due to practice? **

- Yes
 No

*What suggestions do you have for improving the life of students in general at UofL? **

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Wrap-Up

*Check any of the ways you plan to stay involved with UofL after graduation. **

- Attending UofL Athletic Events
- "L" Club Alumni
- Functions
- I do not plan to stay involved
- Other:

*Would you like an in-person exit interview prior to departure from UofL? **

- Yes
- No

If yes, please select the UofL department you would like to conduct that interview.

Sports Manager

*Please provide a phone number where you can be contacted **

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