



TEXAS SOUTHERN UNIVERSITY
STUDENT-ATHLETE EXIT INTERVIEW
2018-19

This document is produced in accordance with NCAA Bylaw 6.3.2 for evaluating the strengths and weaknesses of the Athletic Department from the student-athlete's prospective.

1. Rate your athletic experience at this institution:
Average ___ Good X Excellent ___

Comments:

2. What were your major goals at this institution:
play volleyball, graduate

3. To what extent did you achieve these goals:
Completely X Somewhat ___ Not at All ___

4. What role did the athletic department play in achieving your goal:
Active X Moderate ___ Non-Active ___

5. Were you subjected to any of the following by staff/coaches/administration:
Physical abuse ___ Mental abuse ___ Verbal abuse ___
Discrimination (Gender/Racial) ___

6. Would you agree that your athletic participation contributed to your academic, social, physical and emotional growth:
Yes X No ___

7. How many hours a day do you use for academic preparation:
0-1 ___ 2-3 ___ 4-5 ___

8. How many hours a day do you use for athletic preparation:
0-1 ___ 2-3 X 4-5 ___

9. Were your coaches receptive to your academic and athletic needs:

Yes No Explain

10. What athletic staff member made you aware of NCAA, Conference, and Institutional rules and regulations:

Academic Advisor Compliance Director
Coaches Other

11. Do you think there was adequate information available about NCAA rules?

Yes No Suggestions:

12. Please list any changes and/or improvements you would like to see in the athletic department:

13. Do you have the opportunity to evaluate your coaches:

Yes No

14. Do you feel male and female sport are treated equitably:

Yes No Explain:

15. Identify any personal problems you may have encountered while on the team or at the institution:
NONE

16. Do you intend to graduate from this institution:
Yes No

17. Are there academic support services in the athletic department?
Yes No

18. Which services did you utilize?
computer center, study hall

19. How would you rate those services?
Needs work Fair Good Excellent

20. Please list any strengths and/or weakness you may have identified in your field of study:
time management,

21. Please comment on the quality of the social life at this institution:
good

22. What was your initial date of enrollment at this institution?
August 2017

23. Personal history (check all that apply)
Recruited Not Recruited Received athletic aid
Only college attended Transfer student

24. What was your score on the ACT and/or SAT? _____
25. What was your academic major and cumulative grade point average?
2.8 Communications
26. What are your plans after you leave this institution?
find a career in communication
-
-
-
-

Comments/Suggestions:

Sport: Volleyball

(Optional)

Name: _____
Permanent Address: _____
Telephone Number: _____
Date: _____

Return to:
Office of Athletics Compliance
3100 Cleburne Ave.
Houston, Texas 77004
(713) 313- 7061



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1. Rate your athletic experience at this institution:
Average ___ Good ___ Excellent

Comments:

2. What were your major goals at this institution:
graduate, ball, make connections
-
-

3. To what extent did you achieve these goals:
Completely ___ Somewhat Not at All ___

4. What role did the athletic department play in achieving your goal:
Active ___ Moderate Non-Active ___

5. Were you subjected to any of the following by staff/coaches/administration:
Physical abuse ___ Mental abuse ___ Verbal abuse ___
Discrimination (Gender/Racial) ___

6. Would you agree that your athletic participation contributed to your academic, social, physical and emotional growth:
Yes No ___

7. How many hours a day do you use for academic preparation:
0-1 ___ 2-3 4-5 ___

8. How many hours a day do you use for athletic preparation:
0-1 2-3 ___ 4-5 ___

9. Were your coaches receptive to your academic and athletic needs:

Yes No Explain

10. What athletic staff member made you aware of NCAA, Conference, and Institutional rules and regulations:

Academic Advisor Compliance Director
Coaches Other

11. Do you think there was adequate information available about NCAA rules?

Yes No Suggestions:

12. Please list any changes and/or improvements you would like to see in the athletic department:

13. Do you have the opportunity to evaluate your coaches:

Yes No

14. Do you feel male and female sport are treated equitably:

Yes No Explain:

15. Identify any personal problems you may have encountered while on the team or at the institution:
making friends with my teammates
16. Do you intend to graduate from this institution:
Yes No
17. Are there academic support services in the athletic department?
Yes No
18. Which services did you utilize?
academic center for athletes,
studyhall, tutors
19. How would you rate those services?
Needs work Fair Good Excellent
20. Please list any strengths and/or weakness you may have identified in your field of study:

21. Please comment on the quality of the social life at this institution:
fair
22. What was your initial date of enrollment at this institution?
Fall 2016
23. Personal history (check all that apply)
Recruited Not Recruited Received athletic aid
Only college attended Transfer student

24. What was your score on the ACT and/or SAT? _____
25. What was your academic major and cumulative grade point average?
3.1 Art
26. What are your plans after you leave this institution?
get my masters in Art

Comments/Suggestions:

Sport: Bowling

(Optional)

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Permanent Address:

Telephone Number: _____

Date: _____

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1. Rate your athletic experience at this institution:
Average Good Excellent

Comments:

2. What were your major goals at this institution:
get education, play basketball, graduate

3. To what extent did you achieve these goals:
Completely Somewhat Not at All

4. What role did the athletic department play in achieving your goal:
Active Moderate Non-Active

5. Were you subjected to any of the following by staff/coaches/administration:
Physical abuse Mental abuse Verbal abuse
Discrimination (Gender/Racial)

6. Would you agree that your athletic participation contributed to your academic, social, physical and emotional growth:
Yes No

7. How many hours a day do you use for academic preparation:
0-1 2-3 4-5

8. How many hours a day do you use for athletic preparation:
0-1 2-3 4-5

9. Were your coaches receptive to your academic and athletic needs:
Yes No Explain

10. What athletic staff member made you aware of NCAA, Conference, and Institutional rules and regulations:
Academic Advisor Compliance Director
Coaches Other

11. Do you think there was adequate information available about NCAA rules?
Yes No Suggestions:

12. Please list any changes and/or improvements you would like to see in the athletic department:

better weight room

13. Do you have the opportunity to evaluate your coaches:
Yes No

14. Do you feel male and female sport are treated equitably:
Yes No Explain:

15. Identify any personal problems you may have encountered while on the team or at the institution:
teachers not putting correct grades in
system.
16. Do you intend to graduate from this institution:
Yes X No ___
17. Are there academic support services in the athletic department?
Yes X No ___
18. Which services did you utilize?
study hall.
19. How would you rate those services?
Needs work ___ Fair ___ Good X Excellent ___
20. Please list any strengths and/or weakness you may have identified in your field of study:
studying
21. Please comment on the quality of the social life at this institution:
good
22. What was your initial date of enrollment at this institution?
Fall 2016
23. Personal history (check all that apply)
Recruited X Not Recruited ___ Received athletic aid X
Only college attended ___ Transfer student X

24. What was your score on the ACT and/or SAT? _____
25. What was your academic major and cumulative grade point average?
2.76 Biology
26. What are your plans after you leave this institution?
Finding a job in health field
-
-
-
-

Comments/Suggestions:

Sport: Women's Basketball

(Optional)

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Telephone Number: _____
Date: _____

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1. Rate your athletic experience at this institution:
Average X Good ___ Excellent ___

Comments:

2. What were your major goals at this institution:

play football

3. To what extent did you achieve these goals:
Completely ___ Somewhat ___ Not at All X

4. What role did the athletic department play in achieving your goal:
Active ___ Moderate ___ Non-Active ___

5. Were you subjected to any of the following by staff/coaches/administration:
Physical abuse ___ Mental abuse ___ Verbal abuse ___
Discrimination (Gender/Racial) ___

6. Would you agree that your athletic participation contributed to your academic, social, physical and emotional growth:
Yes X No ___

7. How many hours a day do you use for academic preparation:
0-1 X 2-3 ___ 4-5 ___

8. How many hours a day do you use for athletic preparation:
0-1 X 2-3 ___ 4-5 ___

9. Were your coaches receptive to your academic and athletic needs:

Yes ___ No ___ Explain

10. What athletic staff member made you aware of NCAA, Conference, and Institutional rules and regulations:

Academic Advisor ___ Compliance Director X
Coaches ___ Other ___

11. Do you think there was adequate information available about NCAA rules?

Yes X No ___ Suggestions:

12. Please list any changes and/or improvements you would like to see in the athletic department:

13. Do you have the opportunity to evaluate your coaches:

Yes ___ No X

14. Do you feel male and female sport are treated equitably:

Yes X No ___ Explain:

15. Identify any personal problems you may have encountered while on the team or at the institution:
did not play enough

16. Do you intend to graduate from this institution:
Yes No

17. Are there academic support services in the athletic department?
Yes No

18. Which services did you utilize?

19. How would you rate those services?
Needs work Fair Good Excellent

20. Please list any strengths and/or weakness you may have identified in your field of study:

21. Please comment on the quality of the social life at this institution:

22. What was your initial date of enrollment at this institution?
Fall 2015

23. Personal history (check all that apply)
Recruited Not Recruited Received athletic aid
Only college attended Transfer student

24. What was your score on the ACT and/or SAT? _____
25. What was your academic major and cumulative grade point average?
2.6 General Studies
26. What are your plans after you leave this institution?

Comments/Suggestions:

Sport: Football

(Optional)

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1. Rate your athletic experience at this institution:
Average ___ Good ___ Excellent

Comments:

2. What were your major goals at this institution:
Play Baseball, get good grades, graduate
-
-
-

3. To what extent did you achieve these goals:
Completely ___ Somewhat Not at All ___

4. What role did the athletic department play in achieving your goal:
Active Moderate ___ Non-Active ___

5. Were you subjected to any of the following by staff/coaches/administration:
Physical abuse ___ Mental abuse ___ Verbal abuse ___
Discrimination (Gender/Racial) ___

6. Would you agree that your athletic participation contributed to your academic, social, physical and emotional growth:
Yes No ___

7. How many hours a day do you use for academic preparation:
0-1 ___ 2-3 4-5 ___

8. How many hours a day do you use for athletic preparation:
0-1 ___ 2-3 4-5 ___

9. Were your coaches receptive to your academic and athletic needs:

Yes No Explain

10. What athletic staff member made you aware of NCAA, Conference, and Institutional rules and regulations:

Academic Advisor Compliance Director
Coaches Other

11. Do you think there was adequate information available about NCAA rules?

Yes No Suggestions:

12. Please list any changes and/or improvements you would like to see in the athletic department:

better facilities, home field, computer lab

13. Do you have the opportunity to evaluate your coaches:

Yes No

14. Do you feel male and female sport are treated equitably:

Yes No Explain:

15. Identify any personal problems you may have encountered while on the team or at the institution:
none

16. Do you intend to graduate from this institution:
Yes No

17. Are there academic support services in the athletic department?
Yes No

18. Which services did you utilize?
study hall, computer lab

19. How would you rate those services?
Needs work Fair Good Excellent

20. Please list any strengths and/or weakness you may have identified in your field of study:

21. Please comment on the quality of the social life at this institution:

22. What was your initial date of enrollment at this institution?
Fall 2015

23. Personal history (check all that apply)
Recruited Not Recruited Received athletic aid
Only college attended Transfer student

24. What was your score on the ACT and/or SAT? 18
25. What was your academic major and cumulative grade point average?
3.0 Health Studies
26. What are your plans after you leave this institution?
Coach Baseball

Comments/Suggestions:

Sport: Baseball

(Optional)

Name: _____

Permanent Address:

Telephone Number: _____

Date: _____

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1. Rate your athletic experience at this institution:
Average ___ Good Excellent ___

Comments:

It was good.

2. What were your major goals at this institution:

Criminal Justice

3. To what extent did you achieve these goals:
Completely ___ Somewhat Not at All ___

4. What role did the athletic department play in achieving your goal:
Active ___ Moderate Non-Active ___

5. Were you subjected to any of the following by staff/coaches/administration:
Physical abuse ___ Mental abuse ___ Verbal abuse ___
Discrimination (Gender/Racial) ___

6. Would you agree that your athletic participation contributed to your academic, social, physical and emotional growth:
Yes No ___

7. How many hours a day do you use for academic preparation:
0-1 ___ 2-3 4-5 ___

8. How many hours a day do you use for athletic preparation:
0-1 ___ 2-3 4-5 ___

9. Were your coaches receptive to your academic and athletic needs:

Yes No Explain

Didn't have any problems when it came to my
academic

10. What athletic staff member made you aware of NCAA, Conference, and Institutional rules and regulations:

Academic Advisor Compliance Director

Coaches Other

11. Do you think there was adequate information available about NCAA rules?

Yes No Suggestions:

12. Please list any changes and/or improvements you would like to see in the athletic department:

~~to have~~ to have all the facilities for all sports

13. Do you have the opportunity to evaluate your coaches:

Yes No

14. Do you feel male and female sport are treated equitably:

Yes No Explain:

15. Identify any personal problems you may have encountered while on the team or at the institution:
none

16. Do you intend to graduate from this institution:
Yes No

17. Are there academic support services in the athletic department?
Yes No

18. Which services did you utilize?
the tutor

19. How would you rate those services?
Needs work Fair Good Excellent

20. Please list any strengths and/or weakness you may have identified in your field of study:
none

21. Please comment on the quality of the social life at this institution:
It was good, got chance to meet and interact with others

22. What was your initial date of enrollment at this institution?
2015 fall

23. Personal history (check all that apply)
Recruited Not Recruited Received athletic aid
Only college attended Transfer student

24. What was your score on the ACT and/or SAT? 18
25. What was your academic major and cumulative grade point average?
3.0
26. What are your plans after you leave this institution?
working in the police field

Comments/Suggestions:

Sport: Track

(Optional)

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1. Rate your athletic experience at this institution:
Average ___ Good ___ Excellent

Comments:

2. What were your major goals at this institution:
graduate

3. To what extent did you achieve these goals:
Completely Somewhat ___ Not at All ___

4. What role did the athletic department play in achieving your goal:
Active Moderate ___ Non-Active ___

5. Were you subjected to any of the following by staff/coaches/administration:
Physical abuse ___ Mental abuse ___ Verbal abuse ___
Discrimination (Gender/Racial) ___

6. Would you agree that your athletic participation contributed to your academic, social, physical and emotional growth:
Yes No ___

7. How many hours a day do you use for academic preparation:
0-1 ___ 2-3 4-5 ___

8. How many hours a day do you use for athletic preparation:
0-1 ___ 2-3 4-5 ___

9. Were your coaches receptive to your academic and athletic needs:

Yes No Explain

10. What athletic staff member made you aware of NCAA, Conference, and Institutional rules and regulations:

Academic Advisor Compliance Director
Coaches Other

11. Do you think there was adequate information available about NCAA rules?

Yes No Suggestions:

12. Please list any changes and/or improvements you would like to see in the athletic department:

13. Do you have the opportunity to evaluate your coaches:

Yes No

14. Do you feel male and female sport are treated equitably:

Yes No Explain:

15. Identify any personal problems you may have encountered while on the team or at the institution:
N/A

16. Do you intend to graduate from this institution:
Yes No

17. Are there academic support services in the athletic department?
Yes No

18. Which services did you utilize?
Athletic Lab

19. How would you rate those services?
Needs work Fair Good Excellent

20. Please list any strengths and/or weakness you may have identified in your field of study:

21. Please comment on the quality of the social life at this institution:

22. What was your initial date of enrollment at this institution?
Fall 2015

23. Personal history (check all that apply)
Recruited Not Recruited Received athletic aid
Only college attended Transfer student

24. What was your score on the ACT and/or SAT? _____
25. What was your academic major and cumulative grade point average?

26. What are your plans after you leave this institution?

Comments/Suggestions:

Sport: Baseball

(Optional)

Name: _____
Permanent Address: _____
Telephone Number: _____
Date: _____

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1. Rate your athletic experience at this institution:
Average ___ Good Excellent ___

Comments:

2. What were your major goals at this institution:
Finish School

3. To what extent did you achieve these goals:
Completely Somewhat ___ Not at All ___

4. What role did the athletic department play in achieving your goal:
Active Moderate ___ Non-Active ___

5. Were you subjected to any of the following by staff/coaches/administration:
Physical abuse ___ Mental abuse ___ Verbal abuse ___
Discrimination (Gender/Racial) ___

6. Would you agree that your athletic participation contributed to your academic, social, physical and emotional growth:
Yes No ___

7. How many hours a day do you use for academic preparation:
0-1 2-3 ___ 4-5 ___

8. How many hours a day do you use for athletic preparation:
0-1 ___ 2-3 4-5 ___

9. Were your ~~coaches~~ receptive to your academic and athletic needs:
Yes No Explain

10. What athletic staff member made you aware of NCAA, Conference, and Institutional rules and regulations:
Academic Advisor Compliance Director
Coaches Other

11. Do you think ~~there~~ was adequate information available about NCAA rules?
Yes No Suggestions:

12. Please list any changes and/or improvements you would like to see in the athletic department:

13. Do you have the opportunity to evaluate ~~your~~ coaches:
Yes No

14. Do you feel male and female sport are treated equitably:
Yes No Explain:

15. Identify any personal problems you may have encountered while on the team or at the institution:

16. Do you intend to graduate from this institution:

Yes No

17. Are there academic support services in the athletic department?

Yes No

18. Which services did you utilize?

19. How would you rate those services ?

Needs work Fair Good Excellent

20. Please list any strengths and/or weakness you may have identified in your field of study:

21. Please comment on the quality of the social life at this institution:

22. What was your initial date of enrollment at this institution ?

23. Personal history (check all that apply)

Recruited Not Recruited Received athletic aid
Only college attended Transfer student

24. What was your score on the ACT and/or SAT? _____
25. What was your academic major and cumulative grade point average?

26. What are your plans after you leave this institution?

Comments/Suggestions:

Sport: Football

(Optional)

Name: _____
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Telephone Number: _____
Date: _____

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1. Rate your athletic experience at this institution:
Average Good Excellent

Comments:

2. What were your major goals at this institution:
LOWER MY SCORE AND GRADUATE WITH MY DEGREE

3. To what extent did you achieve these goals:
Completely Somewhat Not at All

4. What role did the athletic department play in achieving your goal:
Active Moderate Non-Active

5. Were you subjected to any of the following by staff/coaches/administration:
Physical abuse Mental abuse Verbal abuse
Discrimination (Gender/Racial)

6. Would you agree that your athletic participation contributed to your academic, social, physical and emotional growth:
Yes No

7. How many hours a day do you use for academic preparation:
0-1 2-3 4-5

8. How many hours a day do you use for athletic preparation:
0-1 2-3 4-5

9. Were your coaches receptive to your academic and athletic needs:
Yes ___ No Explain
WE DONT SEE THEM MUCH FOR THE ACADEMICS

10. What athletic staff member made you aware of NCAA, Conference, and Institutional rules and regulations:
Academic Advisor Compliance Director ___
Coaches ___ Other ___

11. Do you think there was adequate information available about NCAA rules?
Yes No ___ Suggestions:

12. Please list any changes and/or improvements you would like to see in the athletic department:
MORE SUPPORT FOR THE GOLF PROGRAMS

13. Do you have the opportunity to evaluate your coaches:
Yes ___ No

14. Do you feel male and female sport are treated equitably:
Yes No ___ Explain:

15. Identify any personal problems you may have encountered while on the team or at the institution:

16. Do you intend to graduate from this institution:

Yes No

17. Are there academic support services in the athletic department?

Yes No

18. Which services did you utilize?

COMPUTER LAB, TUTORS

19. How would you rate those services ?

Needs work Fair Good Excellent

20. Please list any strengths and/or weakness you may have identified in your field of study:

21. Please comment on the quality of the social life at this institution:

I STAYED TO MYSELF MOSTLY

22. What was your initial date of enrollment at this institution ?

FALL 2015

23. Personal history (check all that apply)

Recruited Not Recruited Received athletic aid
Only college attended Transfer student

24. What was your score on the ACT and/or SAT? DONT REMEMBER
25. What was your academic major and cumulative grade point average?
HEALTH STUDIES / 3.2
26. What are your plans after you leave this institution?
PROBABLY GO BACK HOME AND START GRAD SCHOOL
-
-
-

Comments/Suggestions:

Sport: GOLF

(Optional)

Name: _____

Permanent Address:

Telephone Number: _____

Date: _____

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1. Rate your athletic experience at this institution:
Average ___ Good ___ Excellent

Comments:

Had a lot fun

2. What were your major goals at this institution:

Win a ring

3. To what extent did you achieve these goals:
Completely Somewhat ___ Not at All ___

4. What role did the athletic department play in achieving your goal:
Active Moderate ___ Non-Active ___

5. Were you subjected to any of the following by staff/coaches/administration:
Physical abuse ___ Mental abuse ___ Verbal abuse ___
Discrimination (Gender/Racial) ___

6. Would you agree that your athletic participation contributed to your academic, social, physical and emotional growth:
Yes No ___

7. How many hours a day do you use for academic preparation:
0-1 ___ 2-3 ___ 4-5

8. How many hours a day do you use for athletic preparation:
0-1 ___ 2-3 4-5 ___

9. Were your coaches receptive to your academic and athletic needs:

Yes No Explain

Always let us miss practice for class if needed

10. What athletic staff member made you aware of NCAA, Conference, and Institutional rules and regulations:

Academic Advisor Compliance Director

Coaches Other

11. Do you think there was adequate information available about NCAA rules?

Yes No Suggestions:

12. Please list any changes and/or improvements you would like to see in the athletic department:

We need a softball field

13. Do you have the opportunity to evaluate your coaches:

Yes No

14. Do you feel male and female sport are treated equitably:

Yes No Explain:

15. Identify any personal problems you may have encountered while on the team or at the institution:
N/A

16. Do you intend to graduate from this institution:
Yes No

17. Are there academic support services in the athletic department?
Yes No

18. Which services did you utilize?
Computer Lab

19. How would you rate those services?
Needs work Fair Good Excellent

20. Please list any strengths and/or weakness you may have identified in your field of study:

21. Please comment on the quality of the social life at this institution:
A Blast

22. What was your initial date of enrollment at this institution?
Fall 2015

23. Personal history (check all that apply)
Recruited Not Recruited Received athletic aid
Only college attended Transfer student

24. What was your score on the ACT and/or SAT? High
25. What was your academic major and cumulative grade point average?
3.7
26. What are your plans after you leave this institution?
PT School

Comments/Suggestions:

Sport: Softball

(Optional)

Name: _____
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Date: _____

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1. Rate your athletic experience at this institution:
Average ___ Good Excellent ___

Comments:

2. What were your major goals at this institution:

Graduate

3. To what extent did you achieve these goals:
Completely Somewhat ___ Not at All ___

4. What role did the athletic department play in achieving your goal:
Active ___ Moderate Non-Active ___

5. Were you subjected to any of the following by staff/coaches/administration:
Physical abuse ___ Mental abuse ___ Verbal abuse ___
Discrimination (Gender/Racial) ___

6. Would you agree that your athletic participation contributed to your academic, social, physical and emotional growth:
Yes No ___

7. How many hours a day do you use for academic preparation:
0-1 ___ 2-3 4-5 ___

8. How many hours a day do you use for athletic preparation:
0-1 ___ 2-3 ___ 4-5

9. Were your coaches receptive to your academic and athletic needs:
Yes No Explain

10. What athletic staff member made you aware of NCAA, Conference, and Institutional rules and regulations:

Academic Advisor Compliance Director
Coaches Other

11. Do you think there was adequate information available about NCAA rules?
Yes No Suggestions:

12. Please list any changes and/or improvements you would like to see in the athletic department:

football stadium on campus

13. Do you have the opportunity to evaluate your coaches:
Yes No

14. Do you feel male and female sport are treated equitably:
Yes No Explain:

male sports get a little more

15. Identify any personal problems you may have encountered while on the team or at the institution:
normal drama

16. Do you intend to graduate from this institution:
Yes No

17. Are there academic support services in the athletic department?
Yes No

18. Which services did you utilize?
all

19. How would you rate those services?
Needs work Fair Good Excellent

20. Please list any strengths and/or weakness you may have identified in your field of study:

21. Please comment on the quality of the social life at this institution:
Great

22. What was your initial date of enrollment at this institution?
Fall 2015

23. Personal history (check all that apply)
Recruited Not Recruited Received athletic aid
Only college attended Transfer student

24. What was your score on the ACT and/or SAT? NA?
25. What was your academic major and cumulative grade point average?
2.7
26. What are your plans after you leave this institution?
get a job
-
-
-
-

Comments/Suggestions:

Sport: Football

(Optional)

Name: _____
Permanent Address: _____
Telephone Number: _____
Date: _____

Return to:
Office of Athletics Compliance
3100 Cleburne Ave.
Houston, Texas 77004
(713) 313- 7061

TEXAS SOUTHERN UNIVERSITY
LADY TIGERS SOFTBALL

EXIT INTERVIEW 2019

Talent is God-given, be humble;
Fame is man-given, be thankful
Conceit is self-given, be careful.

1. Are you a team player that works for the betterment of the entire Program? YES
2. Did you give 100% in practice, games, classroom and all team functions? YES
3. As a student did you go an extra step to become a better player this season? YES
4. What did you do extra to make you a better student of the game in one word? EXTRA REPS
5. Did you accomplish your individual goals set at the beginning of the season? YES
6. Did you enjoy softball practice and games situations this season? YES
7. Would you recruit your best friend to Texas Southern University? NO
8. Do you believe that Texas Southern University will win the SWAC next year? YES
9. Did you enjoy playing with your teammates this season as a Lady Team? YES
10. Did you enjoy working with the Staff of The Lady Tigers Softball Team? NO

Success is a peace of mind, is a direct result of self-satisfaction in knowing you did your best to become the best that you are capable of becoming.

Did you ever miss any schedule practices, team meetings, and study hall sessions? NO

Did you break any team rules as a player this softball season? NO

Did you ever have any problems with any member of the Coaching Staff? NO

Success is never final.
Failure is never fatal.
It's courage that counts.

DO YOU & WHY DO YOU WANT TO BE A MEMBER OF THE SOFTBALL TEAM
IN 2019-2020



Player Signature _____

Date 05-16-2019

Coach Signature _____

Date _____

TEXAS SOUTHERN UNIVERSITY
LADY TIGERS SOFTBALL

EXIT INTERVIEW 2019

Talent is God-given, be humble;
Fame is man-given, be thankful
Conceit is self-given, be careful.

1. Are you a team player that works for the betterment of the entire Program? YES
2. Did you give 100% in practice, games, classroom and all team functions? yes
3. As a student did you go an extra step to become a better player this season? yes
4. What did you do extra to make you a better student of the game in one word? workout
5. Did you accomplish your individual goals set at the beginning of the season? yes
6. Did you enjoy softball practice and games situations this season? kinda
7. Would you recruit your best friend to Texas Southern University? SURE
8. Do you believe that Texas Southern University will win the SWAC next year? yes
9. Did you enjoy playing with your teammates this season as a Lady Team? yes
10. Did you enjoy working with the Staff of The Lady Tigers Softball Team? yes

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Failure is never fatal.
It's courage that counts.

DO YOU & WHY DO YOU WANT TO BE A MEMBER OF THE SOFTBALL TEAM
IN 2019-2020

*yes, to continue playing the sport I love and help
my team get a ring*

Player Signature _____

Date 5-16-19

Coach Signature _____

Date _____

