



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:

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

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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

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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:

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

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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:

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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?  
\_\_\_\_\_
26. What are your plans after you leave this institution?  
find a career in communication
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Comments/Suggestions:

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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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2018-19

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

Comments:

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

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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:

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

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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:

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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:

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Sport: Bowling

(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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2018-19

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

Comments:

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

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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 X No \_\_\_ Explain

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

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

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

better weight room

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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:

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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  No
17. Are there academic support services in the athletic department?  
Yes  No
18. Which services did you utilize?  
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:  
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  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?  
2.76 Biology
26. What are your plans after you leave this institution?  
Finding a job in health field
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Comments/Suggestions:

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Sport: Women's Basketball

(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   X        Good         Excellent

Comments:

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2. What were your major goals at this institution:

  play football  

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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

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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:

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

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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:

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

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Comments/Suggestions:

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Sport: Football

(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:

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

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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

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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:

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

*better facilities, home field, computer lab*

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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:

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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:

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Sport: Baseball

(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  
STUDENT-ATHLETE EXIT INTERVIEW  
2018-19

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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:

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Sport: Track

(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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2018-19

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

Comments:

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

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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

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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:

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

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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:

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

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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

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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:

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

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

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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: _____

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



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2018-19

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

Comments:

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

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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

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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:

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

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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:

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

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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?

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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:

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

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

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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?

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Comments/Suggestions:

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Sport: Football

(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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2018-19

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

Comments:

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

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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 ACADEMIZES

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:

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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

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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:

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

I STAYED TO MYSELF MOSTLY

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

FALL 2015

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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
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Comments/Suggestions:

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Sport: GOLF

(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  
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 \_\_\_ 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:

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Sport: Softball

(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  
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  Excellent \_\_\_

Comments:

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2. What were your major goals at this institution:

Graduate

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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

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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:

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

football stadium on campus

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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

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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? N/A?
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
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Comments/Suggestions:

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

**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? | <u>No</u> |
| Did you break any team rules as a player this softball season?                    | <u>No</u> |
| Did you ever have any problems with any member of the Coaching Staff?             | <u>No</u> |

**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**

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

Player Signature \_\_\_\_\_

Date 5-16-19

Coach Signature \_\_\_\_\_

Date \_\_\_\_\_

