

---

Any documentary materials related to 2018-2019 student-athlete exit interviews.

Men's Exit Interviews

August 2019 graduation  
Improve Snacks



Improve the Bear  
\*Hitting coach more  
\*more home hitting

### North Florida Student-Athlete Exit Interview Questionnaire

The information requested in this questionnaire will be used by the Department of Athletics to improve the experience of future student-athletes at North Florida. Please answer the following questions honestly and accurately. Keep in mind that all provided information is confidential.

Name:

Sport: *Baseball*

Reason for Leaving: *Senior*

Graduation  Transfer  Completed eligibility  Other (explain)

Non-UNF email:

Phone Number:

1. Rate your athletic experience at North Florida:

Below Average  Average  Good  Very Good  Excellent

2. If you were being recruited from high school today, would you choose North Florida again?

Yes  No

Why or why not? *Great place to play but I think we could catch the attention of more recruits if we got more/better gear such as clothing, hats, uniforms, etc... I think what we had was plenty but based on what recruits talk about, that is one major factor.*

3. Would you encourage other student-athletes to attend North Florida?

Yes  No

4. Were your experiences in athletics what you expected them to be?

Yes  No

5. Were your coaches available to you when you needed them?

Yes  No

6. Did your head coach operate his/her program with honesty and integrity?

Yes  No

7. What do you believe were the strengths of the coaching staff?

*Very knowledgeable and willing to help*

8. In what areas, if any, do you feel the coaching staff needs to improve?

*None*

9. Were you subject to coaching techniques that involved the following?

a. Physical abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
b. Verbal abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
c. Mental abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never

10. Do you believe that your coaches were sensitive to the demands placed on your time while you were a student-athlete?

Yes  No  Please explain if necessary:

How do you recommend they improve in this area?

11. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically related activities with you?

Yes  No

A. If yes, do you believe that a maximum of four hours per day and twenty hours per week is reasonable?

Yes  No

B. Why or why not?

*If hours is plenty to get what we need to get done. Every thing else can be done on our own.*

C. If you are not in favor of any restrictions, please indicate why:

12. Did your coaches abide by NCAA countable hour limitations and required days off?

Yes  No

If No, please explain.

13. In general, how did your coaches treat you as an individual?

Poor  Fair  Adequate  Good  Excellent

14. How much have your athletic skills improved?

Not at all  A little Somewhat  Great deal

15. Were you informed of NCAA, Atlantic Sun Conference and institutional regulations in the following areas:

A. Ethical conduct	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
B. Amateurism	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
C. Financial Aid	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
D. Employment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
E. Academic standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
F. Summer school	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
G. Eligibility standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
H. Banned Drugs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
I. Recruitment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
J. Complimentary admissions	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
K. Non-permissible benefits	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
L. Involvement with Boosters	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
M. Serving as student host	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

N. Practice Time Limits      Yes       No

16. To the best of your knowledge, did your coaches fully abide by these regulations?

Yes       No

If no, what were the circumstances?

17. Who was your primary contact when you had questions about regulations?

- North Florida Coaches
- North Florida Athletic Administration
- North Florida Teammates
- Other, Please Specify

18. Would you have liked to receive more information on the regulations?

Yes       No

If yes, in what area?

19. Were you drug tested while at North Florida?

Yes       No

20. How would you rate the effectiveness of the drug testing program?

Poor       Fair       Adequate       Good       Excellent

21. Do you have any knowledge of any extra benefits or other rules violations?

Yes       No

If yes, please explain.

22. How would you rate the responsiveness of institutional offices (financial aid, registrar, faculty) to your needs?

Poor  Fair  Adequate  Good  Excellent

23. Were you informed about Academic Support programs offered (study hall, tutors, ACE, advising, etc.)?

Yes  No

24. How well did the advising programs serve your needs?

Poor  Fair  Adequate  Good  Excellent

25. Did you take advantage of the Academic Support programs?

Yes  No

A. If not, why didn't you use the Academic Support programs?

B. If you did, how well did the Academic Support programs serve your needs?

Poor  Fair  Adequate  Good  Excellent

26. How would you rate the Advisors you met?

Poor  Fair  Adequate  Good  Excellent

27. How would you rate the support of your sport in these areas?

(1-Poor; 2-Fair; 3-Adequate; 4-Good, 5-Excellent)

A. Athletic administration	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
B. Athletic training	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input checked="" type="checkbox"/>
C. Marketing/promotions	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
D. Media Relations	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
E. Strength & Conditioning	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
F. Travel/lodging/meals	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
G. Equipment	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>

28. If you had a substance abuse or personal problem, who would you have turned to for help? (check all that apply)

- Head coach
- Assistant coach
- Athletic trainer
- Fellow student-athlete
- Academic advisor
- Athletic department staff member
- Professor
- Counseling Center
- Other; Please specify

29. Do you believe that all sports are treated equitably at North Florida?

Yes  No

Please explain.

30. What changes, if any, would you propose be made in North Florida's intercollegiate athletics program? *Nutrition bar*

31. What are the most valuable experiences that participation in North Florida athletics gave you? *The connections I've made, places I got to travel to, and the overall experience of playing college baseball.*

32. Do you have a feeling that as you become successful in your professional career that you will contribute back to UNF athletics? *If I have the money to do so then I will!*



Graduate - May 2019

## North Florida Student-Athlete Exit Interview Questionnaire

The information requested in this questionnaire will be used by the Department of Athletics to improve the experience of future student-athletes at North Florida. Please answer the following questions honestly and accurately. Keep in mind that all provided information is confidential.

Name:

Sport: *Baseball*

Reason for Leaving:

Graduation  Transfer  Completed eligibility  Other (explain)

Non-UNF email:

Phone Number:

1. Rate your athletic experience at North Florida:

Below Average  Average  Good  Very Good  Excellent

2. If you were being recruited from high school today, would you choose North Florida again?

Yes  No

Why or why not?

3. Would you encourage other student-athletes to attend North Florida?

Yes  No

*Trainer - experience wasn't good*

4. Were your experiences in athletics what you expected them to be?

Yes  No

5. Were your coaches available to you when you needed them?

*Yes*



Yes  No

6. Did your head coach operate his/her program with honesty and integrity?

Yes  No

7. What do you believe were the strengths of the coaching staff?

*They had the right mentality, to win games*

*- Weakness in executing* →

8. In what areas, if any, do you feel the coaching staff needs to improve?

*not playing those that don't produce and  
playing people that give us the best chance to win,  
also doing what's correct in certain situations*

9. Were you subject to coaching techniques that involved the following?

a. Physical abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
b. Verbal abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
c. Mental abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never

10. Do you believe that your coaches were sensitive to the demands placed on your time while you were a student-athlete?

Yes  No  Please explain if necessary:

How do you recommend they improve in this area?

11. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically related activities with you?

Yes  No

A. If yes, do you believe that a maximum of four hours per day and twenty hours per week is reasonable?

*Yes*

Yes  No   
 B. Why or why not?

*If that's what it takes to win games its worth  
 the sacrifice of time*

C. If you are not in favor of any restrictions, please indicate why: *J*

12. Did your coaches abide by NCAA countable hour limitations and required days off?

Yes  No

If No, please explain.

13. In general, how did your coaches treat you as an individual?

Poor  Fair  Adequate  Good  Excellent

14. How much have your athletic skills improved?

Not at all  A little Somewhat  Great deal

15. Were you informed of NCAA, Atlantic Sun Conference and institutional regulations in the following areas:

A. Ethical conduct	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
B. Amateurism	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
C. Financial Aid	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
D. Employment	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
E. Academic standards	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
F. Summer school	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
G. Eligibility standards	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
H. Banned Drugs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
I. Recruitment	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
J. Complimentary admissions	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
K. Non-permissible benefits	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
L. Involvement with Boosters	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
M. Serving as student host	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

N. Practice Time Limits

Yes  No

16. To the best of your knowledge, did your coaches fully abide by these regulations?

Yes  No

If no, what were the circumstances?

17. Who was your primary contact when you had questions about regulations?

North Florida Coaches   
North Florida Athletic Administration   
North Florida Teammates   
Other, Please Specify

18. Would you have liked to receive more information on the regulations?

Yes  No

If yes, in what area?

19. Were you drug tested while at North Florida?

Yes  No

20. How would you rate the effectiveness of the drug testing program?

Poor  Fair  Adequate  Good  Excellent

21. Do you have any knowledge of any extra benefits or other rules violations?

Yes  No

If yes, please explain.

22. How would you rate the responsiveness of institutional offices (financial aid, registrar, faculty) to your needs?

Poor  Fair  Adequate  Good  Excellent

23. Were you informed about Academic Support programs offered (study hall, tutors, ACE, advising, etc.)?

Yes  No

24. How well did the advising programs serve your needs?

Poor  Fair  Adequate  Good  Excellent

25. Did you take advantage of the Academic Support programs?

Yes  No

A. If not, why didn't you use the Academic Support programs?

B. If you did, how well did the Academic Support programs serve your needs?

Poor  Fair  Adequate  Good  Excellent

26. How would you rate the Advisors you met?

Poor  Fair  Adequate  Good  Excellent

27. How would you rate the support of your sport in these areas?

(1-Poor; 2-Fair; 3-Adequate; 4-Good, 5-Excellent)

A. Athletic administration	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
B. Athletic training	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
C. Marketing/promotions	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
D. Media Relations	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
E. Strength & Conditioning	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
F. Travel/lodging/meals	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
G. Equipment	1	<input checked="" type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>

28. If you had a substance abuse or personal problem, who would you have turned to for help? (check all that apply)

- Head coach
- Assistant coach
- Athletic trainer
- Fellow student-athlete
- Academic advisor
- Athletic department staff member
- Professor
- Counseling Center
- Other; Please specify

29. Do you believe that all sports are treated equitably at North Florida?

Yes  No

Please explain.

30. What changes, if any, would you propose be made in North Florida's intercollegiate athletics program?

*Create Athletic programs to bettering players as an individual  
more educated Athletic trainers in terms of sports medicine*

31. What are the most valuable experiences that participation in North Florida athletics gave you?

*Beating UF*

32. Do you have a feeling that as you become successful in your professional career that you will contribute back to UNF athletics?

*Possibly*

Summer 20  
Exercise Sci.



Total buy more

## North Florida Student-Athlete Exit Interview Questionnaire

The information requested in this questionnaire will be used by the Department of Athletics to improve the experience of future student-athletes at North Florida. Please answer the following questions honestly and accurately. Keep in mind that all provided information is confidential.

Name:

Sport: *Baseball*

Reason for Leaving:

Graduation  Transfer  Completed eligibility  Other (explain)

Non-UNF email:

Phone Number:

1. Rate your athletic experience at North Florida:

Below Average  Average  Good  Very Good  Excellent

2. If you were being recruited from high school today, would you choose North Florida again?

Yes  No

Why or why not?

*I would because I love being close to home and TP likes his own recruits a lot.*

3. Would you encourage other student-athletes to attend North Florida?

Yes  No

4. Were your experiences in athletics what you expected them to be?

Yes  No

5. Were your coaches available to you when you needed them?

*Yes, always accessible.*

Yes  No

6. Did your head coach operate his/her program with honesty and integrity?

Yes  No

7. What do you believe were the strengths of the coaching staff?

I think he goes with his gut and takes responsibility of when he did something wrong.

8. In what areas, if any, do you feel the coaching staff needs to improve?

They need to coach everybody and not just the select few or their favorites. I think sometimes they need to talk to certain players and uplift them, it has been a hard season for some of the guys not playing.

9. Were you subject to coaching techniques that involved the following?

a. Physical abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
b. Verbal abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
c. Mental abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never

10. Do you believe that your coaches were sensitive to the demands placed on your time while you were a student-athlete?

Yes  No  Please explain if necessary:

How do you recommend they improve in this area?

11. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically related activities with you?

Yes  No

A. If yes, do you believe that a maximum of four hours per day and twenty hours per week is reasonable?

Yes, I felt this was a good amount of time.

Yes  No   
B. Why or why not?

C. If you are not in favor of any restrictions, please indicate why:

12. Did your coaches abide by NCAA countable hour limitations and required days off?

Yes  No

If No, please explain.

13. In general, how did your coaches treat you as an individual?

Poor  Fair  Adequate  Good  Excellent

14. How much have your athletic skills improved?

Not at all  A little Somewhat  Great deal

15. Were you informed of NCAA, Atlantic Sun Conference and institutional regulations in the following areas:

A. Ethical conduct	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
B. Amateurism	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
C. Financial Aid	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
D. Employment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
E. Academic standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
F. Summer school	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
G. Eligibility standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
H. Banned Drugs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
I. Recruitment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
J. Complimentary admissions	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
K. Non-permissible benefits	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
L. Involvement with Boosters	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
M. Serving as student host	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>



N. Practice Time Limits

Yes

No

16. To the best of your knowledge, did your coaches fully abide by these regulations?

Yes

No

If no, what were the circumstances?

17. Who was your primary contact when you had questions about regulations?

North Florida Coaches

North Florida Athletic Administration

North Florida Teammates

Other, Please Specify

18. Would you have liked to receive more information on the regulations?

Yes

No

If yes, in what area?

19. Were you drug tested while at North Florida?

Yes

No

20. How would you rate the effectiveness of the drug testing program?

Poor

Fair

Adequate

Good

Excellent

21. Do you have any knowledge of any extra benefits or other rules violations?

Yes

No

If yes, please explain.

22. How would you rate the responsiveness of institutional offices (financial aid, registrar, faculty) to your needs?

Poor  Fair  Adequate  Good  Excellent

23. Were you informed about Academic Support programs offered (study hall, tutors, ACE, advising, etc.)?

Yes  No

24. How well did the advising programs serve your needs?

Poor  Fair  Adequate  Good  Excellent

25. Did you take advantage of the Academic Support programs?

Yes  No

A. If not, why didn't you use the Academic Support programs?

*I do pretty well doing stuff on my own and having friends in class to help.*

B. If you did, how well did the Academic Support programs serve your needs?

Poor  Fair  Adequate  Good  Excellent

26. How would you rate the Advisors you met?

Poor  Fair  Adequate  Good  Excellent

27. How would you rate the support of your sport in these areas?

(1-Poor; 2-Fair; 3-Adequate; 4-Good, 5-Excellent)

A. Athletic administration	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
B. Athletic training	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
C. Marketing/promotions	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
D. Media Relations	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
E. Strength & Conditioning	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
F. Travel/lodging/meals	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
G. Equipment	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>

28. If you had a substance abuse or personal problem, who would you have turned to for help? (check all that apply)

- Head coach
- Assistant coach
- Athletic trainer
- Fellow student-athlete
- Academic advisor
- Athletic department staff member
- Professor
- Counseling Center
- Other; Please specify

29. Do you believe that all sports are treated equitably at North Florida?

Yes  No  - Yes & no

Please explain.

The only thing is other programs get nicer stuff than us, I know we are the biggest team but some programs are much better appreciated than baseball

30. What changes, if any, would you propose be made in North Florida's intercollegiate athletics program?

I think for baseball specifically, it would be awesome to see more people come to our home games. Whether that is marketing or something, I wish there was more of student proccese.

31. What are the most valuable experiences that participation in North Florida athletics gave you? I have made some awesome friends on my team and with other teams.

32. Do you have a feeling that as you become successful in your professional career that you will contribute back to UNF athletics?

I think I will one day for sure. I hope that I can give back one day.

Summer 19  
Communications



Improve throwing program  
more firm in weightroom  
change to situational stuff

## North Florida Student-Athlete Exit Interview Questionnaire

The information requested in this questionnaire will be used by the Department of Athletics to improve the experience of future student-athletes at North Florida. Please answer the following questions honestly and accurately. Keep in mind that all provided information is confidential.

Name:

Sport: Baseball

Reason for Leaving:

Graduation  Transfer  Completed eligibility  Other (explain)

Non-UNF email:

Phone Number:

1. Rate your athletic experience at North Florida:

Below Average  Average  Good  Very Good  Excellent

2. If you were being recruited from high school today, would you choose North Florida again?

Yes  No

Why or why not?

3. Would you encourage other student-athletes to attend North Florida?

Yes  No

4. Were your experiences in athletics what you expected them to be?

Yes  No

5. Were your coaches available to you when you needed them?

Yes, door was always open to players.

Yes  No

6. Did your head coach operate his/her program with honesty and integrity?

Yes  No

7. What do you believe were the strengths of the coaching staff?

Competitive in all categories.

8. In what areas, if any, do you feel the coaching staff needs to improve?

Making better decisions in big situations

Having a more structured practice/throwing plan for pitchers.

9. Were you subject to coaching techniques that involved the following?

a. Physical abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
b. Verbal abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
c. Mental abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never

10. Do you believe that your coaches were sensitive to the demands placed on your time while you were a student-athlete?

Yes  No  Please explain if necessary:

How do you recommend they improve in this area?

11. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically related activities with you?

Yes  No

A. If yes, do you believe that a maximum of four hours per day and twenty hours per week is reasonable?

Yes

Yes  No

B. Why or why not?

It's a good slot that doesn't overwork athletes

C. If you are not in favor of any restrictions, please indicate why:

12. Did your coaches abide by NCAA countable hour limitations and required days off?

Yes  No

If No, please explain.

13. In general, how did your coaches treat you as an individual?

Poor  Fair  Adequate  Good  Excellent

14. How much have your athletic skills improved?

Not at all  A little Somewhat  Great deal

15. Were you informed of NCAA, Atlantic Sun Conference and institutional regulations in the following areas:

A. Ethical conduct	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
B. Amateurism	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
C. Financial Aid	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
D. Employment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
E. Academic standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
F. Summer school	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
G. Eligibility standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
H. Banned Drugs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
I. Recruitment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
J. Complimentary admissions	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
K. Non-permissible benefits	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
L. Involvement with Boosters	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
M. Serving as student host	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

N. Practice Time Limits      Yes       No

16. To the best of your knowledge, did your coaches fully abide by these regulations?

Yes       No

If no, what were the circumstances?

17. Who was your primary contact when you had questions about regulations?

North Florida Coaches   
North Florida Athletic Administration   
North Florida Teammates   
Other, Please Specify

18. Would you have liked to receive more information on the regulations?

Yes       No

If yes, in what area?

19. Were you drug tested while at North Florida?

Yes       No

20. How would you rate the effectiveness of the drug testing program?

Poor       Fair       Adequate       Good       Excellent

21. Do you have any knowledge of any extra benefits or other rules violations?

Yes       No

If yes, please explain.

22. How would you rate the responsiveness of institutional offices (financial aid, registrar, faculty) to your needs?

Poor  Fair  Adequate  Good  Excellent

23. Were you informed about Academic Support programs offered (study hall, tutors, ACE, advising, etc.)?

Yes  No

24. How well did the advising programs serve your needs?

Poor  Fair  Adequate  Good  Excellent

25. Did you take advantage of the Academic Support programs?

Yes  No

A. If not, why didn't you use the Academic Support programs?

Didn't need.

B. If you did, how well did the Academic Support programs serve your needs?

Poor  Fair  Adequate  Good  Excellent

26. How would you rate the Advisors you met?

Poor  Fair  Adequate  Good  Excellent

27. How would you rate the support of your sport in these areas?

(1-Poor; 2-Fair; 3-Adequate; 4-Good, 5-Excellent)

A. Athletic administration	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
B. Athletic training	1	<input type="checkbox"/>	2	<input checked="" type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
C. Marketing/promotions	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
D. Media Relations	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
E. Strength & Conditioning	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
F. Travel/lodging/meals	1	<input type="checkbox"/>	2	<input checked="" type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
G. Equipment	1	<input checked="" type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>



28. If you had a substance abuse or personal problem, who would you have turned to for help? (check all that apply)

- Head coach
- Assistant coach
- Athletic trainer
- Fellow student-athlete
- Academic advisor
- Athletic department staff member
- Professor
- Counseling Center
- Other; Please specify

29. Do you believe that all sports are treated equitably at North Florida?

Yes  No

Please explain.

30. What changes, if any, would you propose be made in North Florida's intercollegiate athletics program?

31. What are the most valuable experiences that participation in North Florida athletics gave you?

~~They~~ They gave a chance to prove my potential and I ran with it.

32. Do you have a feeling that as you become successful in your professional career that you will contribute back to UNF athletics?

Yes. I can try to help the University in any way possible



## North Florida Student-Athlete Exit Interview Questionnaire

The information requested in this questionnaire will be used by the Department of Athletics to improve the experience of future student-athletes at North Florida. Please answer the following questions honestly and accurately. Keep in mind that all provided information is confidential.

Name: \_\_\_\_\_

Sport: Baseball

Reason for Leaving:

Graduation

Transfer

Completed eligibility

Other (explain)

Non-UNF email:

Phone Number:

1. Rate your athletic experience at North Florida:

Below Average

Average

Good

Very Good

Excellent

2. If you were being recruited from high school today, would you choose North Florida again?

Yes

No

Why or why not? I would want to try a different college, mainly for more opportunity

3. Would you encourage other student-athletes to attend North Florida?

Yes

No

4. Were your experiences in athletics what you expected them to be?

Yes

No

5. Were your coaches available to you when you needed them?

Yes

Yes  No

6. Did your head coach operate his/her program with honesty and integrity?

Yes  No

7. What do you believe were the strengths of the coaching staff?

They are dedicated to win Championships.

8. In what areas, if any, do you feel the coaching staff needs to improve?

To let the players have fun ~~and~~ which helps them play loose.

9. Were you subject to coaching techniques that involved the following?

a. Physical abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
b. Verbal abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
c. Mental abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never

10. Do you believe that your coaches were sensitive to the demands placed on your time while you were a student-athlete?

Yes  No  Please explain if necessary:

How do you recommend they improve in this area?

11. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically related activities with you?

Yes  No

A. If yes, do you believe that a maximum of four hours per day and twenty hours per week is reasonable? Yes

Yes  No

B. Why or why not?

It gives time for your sport, and school

C. If you are not in favor of any restrictions, please indicate why:

12. Did your coaches abide by NCAA countable hour limitations and required days off?

Yes  No

If No, please explain.

13. In general, how did your coaches treat you as an individual?

Poor  Fair  Adequate  Good  Excellent

14. How much have your athletic skills improved?

Not at all  A little Somewhat  Great deal

15. Were you informed of NCAA, Atlantic Sun Conference and institutional regulations in the following areas:

A. Ethical conduct	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
B. Amateurism	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
C. Financial Aid	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
D. Employment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
E. Academic standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
F. Summer school	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
G. Eligibility standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
H. Banned Drugs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
I. Recruitment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
J. Complimentary admissions	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
K. Non-permissible benefits	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
L. Involvement with Boosters	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
M. Serving as student host	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

N. Practice Time Limits

Yes  No

16. To the best of your knowledge, did your coaches fully abide by these regulations?

Yes  No

If no, what were the circumstances?

17. Who was your primary contact when you had questions about regulations?

North Florida Coaches   
North Florida Athletic Administration   
North Florida Teammates   
Other, Please Specify

18. Would you have liked to receive more information on the regulations?

Yes  No

If yes, in what area?

19. Were you drug tested while at North Florida?

Yes  No

20. How would you rate the effectiveness of the drug testing program?

Poor  Fair  Adequate  Good  Excellent

21. Do you have any knowledge of any extra benefits or other rules violations?

Yes  No

If yes, please explain.

22. How would you rate the responsiveness of institutional offices (financial aid, registrar, faculty) to your needs?

Poor  Fair  Adequate  Good  Excellent

23. Were you informed about Academic Support programs offered (study hall, tutors, ACE, advising, etc.)?

Yes  No

24. How well did the advising programs serve your needs?

Poor  Fair  Adequate  Good  Excellent

25. Did you take advantage of the Academic Support programs?

Yes  No

A. If not, why didn't you use the Academic Support programs?

B. If you did, how well did the Academic Support programs serve your needs?

Poor  Fair  Adequate  Good  Excellent

26. How would you rate the Advisors you met?

Poor  Fair  Adequate  Good  Excellent

27. How would you rate the support of your sport in these areas?

(1-Poor; 2-Fair; 3-Adequate; 4-Good, 5-Excellent)

A. Athletic administration	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
B. Athletic training	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input checked="" type="checkbox"/>
C. Marketing/promotions	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
D. Media Relations	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
E. Strength & Conditioning	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
F. Travel/lodging/meals	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
G. Equipment	1	<input type="checkbox"/>	2	<input checked="" type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>

28. If you had a substance abuse or personal problem, who would you have turned to for help? (check all that apply)

- Head coach
- Assistant coach
- Athletic trainer
- Fellow student-athlete
- Academic advisor
- Athletic department staff member
- Professor
- Counseling Center
- Other; Please specify

29. Do you believe that all sports are treated equitably at North Florida?

Yes  No

Please explain.

30. What changes, if any, would you propose be made in North Florida's intercollegiate athletics program?

I think the athletic program is doing a great job creating a great culture.

31. What are the most valuable experiences that participation in North Florida athletics gave you?

Weight room everyday

32. Do you have a feeling that as you become successful in your professional career that you will contribute back to UNF athletics?

No

Summer 19  
Criminal Justice



More Snacks during Games  
\*Great Experience

### North Florida Student-Athlete Exit Interview Questionnaire

The information requested in this questionnaire will be used by the Department of Athletics to improve the experience of future student-athletes at North Florida. Please answer the following questions honestly and accurately. Keep in mind that all provided information is confidential.

Name: \_\_\_\_\_ Sport: Baseball  
Reason for Leaving: Graduating  
Graduation  Transfer  Completed eligibility  Other (explain)   
Non-UNF email: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

1. Rate your athletic experience at North Florida:

Below Average  Average  Good  Very Good  Excellent

2. If you were being recruited from high school today, would you choose North Florida again?

Yes  No

Why or why not?

Love Jax

3. Would you encourage other student-athletes to attend North Florida?

Yes  No

4. Were your experiences in athletics what you expected them to be?

Yes  No

5. Were your coaches available to you when you needed them?

yes



Yes  No

6. Did your head coach operate his/her program with honesty and integrity?

Yes  No

7. What do you believe were the strengths of the coaching staff?

*Knowledge of the game*

8. In what areas, if any, do you feel the coaching staff needs to improve?

*communication*

9. Were you subject to coaching techniques that involved the following?

a. Physical abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
b. Verbal abuse	<input type="checkbox"/>	Often	<input checked="" type="checkbox"/>	Sometimes	<input type="checkbox"/>	Never
c. Mental abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never

10. Do you believe that your coaches were sensitive to the demands placed on your time while you were a student-athlete?

Yes  No  Please explain if necessary:

How do you recommend they improve in this area?

11. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically related activities with you?

Yes  No

A. If yes, do you believe that a maximum of four hours per day and twenty hours per week is reasonable?

Yes  No

B. Why or why not?

We need it

C. If you are not in favor of any restrictions, please indicate why:

12. Did your coaches abide by NCAA countable hour limitations and required days off?

Yes  No

If No, please explain.

13. In general, how did your coaches treat you as an individual?

Poor  Fair  Adequate  Good  Excellent

14. How much have your athletic skills improved?

Not at all  A little Somewhat  Great deal

15. Were you informed of NCAA, Atlantic Sun Conference and institutional regulations in the following areas:

A. Ethical conduct	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
B. Amateurism	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
C. Financial Aid	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
D. Employment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
E. Academic standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
F. Summer school	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
G. Eligibility standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
H. Banned Drugs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
I. Recruitment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
J. Complimentary admissions	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
K. Non-permissible benefits	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
L. Involvement with Boosters	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
M. Serving as student host	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

N. Practice Time Limits

Yes  No

16. To the best of your knowledge, did your coaches fully abide by these regulations?

Yes  No

If no, what were the circumstances?

17. Who was your primary contact when you had questions about regulations?

North Florida Coaches   
North Florida Athletic Administration   
North Florida Teammates   
Other, Please Specify

18. Would you have liked to receive more information on the regulations?

Yes  No

If yes, in what area?

19. Were you drug tested while at North Florida?

Yes  No

20. How would you rate the effectiveness of the drug testing program?

Poor  Fair  Adequate  Good  Excellent

21. Do you have any knowledge of any extra benefits or other rules violations?

Yes  No

If yes, please explain.

22. How would you rate the responsiveness of institutional offices (financial aid, registrar, faculty) to your needs?

Poor  Fair  Adequate  Good  Excellent

23. Were you informed about Academic Support programs offered (study hall, tutors, ACE, advising, etc.)?

Yes  No

24. How well did the advising programs serve your needs?

Poor  Fair  Adequate  Good  Excellent

25. Did you take advantage of the Academic Support programs?

Yes  No

A. If not, why didn't you use the Academic Support programs?

B. If you did, how well did the Academic Support programs serve your needs?

Poor  Fair  Adequate  Good  Excellent

26. How would you rate the Advisors you met?

Poor  Fair  Adequate  Good  Excellent

27. How would you rate the support of your sport in these areas?

(1-Poor; 2-Fair; 3-Adequate; 4-Good, 5-Excellent)

A. Athletic administration	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
B. Athletic training	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
C. Marketing/promotions	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
D. Media Relations	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
E. Strength & Conditioning	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
F. Travel/lodging/meals	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
G. Equipment	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>

28. If you had a substance abuse or personal problem, who would you have turned to for help? (check all that apply).

- Head coach
- Assistant coach
- Athletic trainer
- Fellow student-athlete
- Academic advisor
- Athletic department staff member
- Professor
- Counseling Center
- Other; Please specify

29. Do you believe that all sports are treated equitably at North Florida?

Yes  No

Please explain.

30. What changes, if any, would you propose be made in North Florida's intercollegiate athletics program?

*New Baseball Uniforms*

31. What are the most valuable experiences that participation in North Florida athletics gave you?

*Met some really great people and formed relationships*

32. Do you have a feeling that as you become successful in your professional career that you will contribute back to UNF athletics?

*±OK*



Eating on the road need to better  
Snacks in games

## North Florida Student-Athlete Exit Interview Questionnaire

The information requested in this questionnaire will be used by the Department of Athletics to improve the experience of future student-athletes at North Florida. Please answer the following questions honestly and accurately. Keep in mind that all provided information is confidential.

Name:

Sport: *Baseball*

Reason for Leaving:

Graduation  Transfer  Completed eligibility  Other (explain)

Non-UNF email:

Phone Number:

1. Rate your athletic experience at North Florida:

Below Average  Average  Good  Very Good  Excellent

2. If you were being recruited from high school today, would you choose North Florida again?

Yes  No

Why or why not?

Well yes and no, it depends who I was getting recruited by. But UNF would

3. Would you encourage other student-athletes to attend North Florida?

Yes  No

4. Were your experiences in athletics what you expected them to be?

Yes  No

5. Were your coaches available to you when you needed them?

Yes  No

6. Did your head coach operate his/her program with honesty and integrity?

Yes  No

7. What do you believe were the strengths of the coaching staff?

Strengths- all about being a team, always preached to focus on what's at

8. In what areas, if any, do you feel the coaching staff needs to improve?

Feel like they could communicate more

9. Were you subject to coaching techniques that involved the following?

a. Physical abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
b. Verbal abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
c. Mental abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never

10. Do you believe that your coaches were sensitive to the demands placed on your time while you were a student-athlete?

Yes  No  Please explain if necessary:

How do you recommend they improve in this area?

11. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically related activities with you?

Yes  No

A. If yes, do you believe that a maximum of four hours per day and twenty hours per week is reasonable?

Yes  No   
 B. Why or why not?

Teams having 4 hours a day of practice and weights is more than enough

C. If you are not in favor of any restrictions, please indicate why:

12. Did your coaches abide by NCAA countable hour limitations and required days off?

Yes  No

If No, please explain.

13. In general, how did your coaches treat you as an individual?

Poor  Fair  Adequate  Good  Excellent

14. How much have your athletic skills improved?

Not at all  A little Somewhat  Great deal

15. Were you informed of NCAA, Atlantic Sun Conference and institutional regulations in the following areas:

A. Ethical conduct	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
B. Amateurism	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
C. Financial Aid	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
D. Employment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
E. Academic standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
F. Summer school	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
G. Eligibility standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
H. Banned Drugs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
I. Recruitment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
J. Complimentary admissions	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
K. Non-permissible benefits	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
L. Involvement with Boosters	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
M. Serving as student host	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>



N. Practice Time Limits

Yes  No

16. To the best of your knowledge, did your coaches fully abide by these regulations?

Yes  No

If no, what were the circumstances?

17. Who was your primary contact when you had questions about regulations?

North Florida Coaches   
North Florida Athletic Administration   
North Florida Teammates   
Other, Please Specify

18. Would you have liked to receive more information on the regulations?

Yes  No

If yes, in what area?

19. Were you drug tested while at North Florida?

Yes  No

20. How would you rate the effectiveness of the drug testing program?

Poor  Fair  Adequate  Good  Excellent

21. Do you have any knowledge of any extra benefits or other rules violations?

Yes  No

If yes, please explain.

22. How would you rate the responsiveness of institutional offices (financial aid, registrar, faculty) to your needs?

Poor  Fair  Adequate  Good  Excellent

23. Were you informed about Academic Support programs offered (study hall, tutors, ACE, advising, etc.)?

Yes  No

24. How well did the advising programs serve your needs?

Poor  Fair  Adequate  Good  Excellent

25. Did you take advantage of the Academic Support programs?

Yes  No

A. If not, why didn't you use the Academic Support programs?

B. If you did, how well did the Academic Support programs serve your needs?

Poor  Fair  Adequate  Good  Excellent

26. How would you rate the Advisors you met?

Poor  Fair  Adequate  Good  Excellent

27. How would you rate the support of your sport in these areas?

(1-Poor; 2-Fair; 3-Adequate; 4-Good, 5-Excellent)

A. Athletic administration	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
B. Athletic training	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
C. Marketing/promotions	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
D. Media Relations	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
E. Strength & Conditioning	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
F. Travel/lodging/meals	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
G. Equipment	1	<input checked="" type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>

28. If you had a substance abuse or personal problem, who would you have turned to for help? (check all that apply)

- Head coach
- Assistant coach
- Athletic trainer
- Fellow student-athlete
- Academic advisor
- Athletic department staff member
- Professor
- Counseling Center
- Other; Please specify

29. Do you believe that all sports are treated equitably at North Florida?

Yes  No

Please explain.

I believe that all the sports were treated fair. I cannot say much about the

30. What changes, if any, would you propose be made in North Florida's intercollegiate athletics program?

Weight room needs serious renovations, re location would be best. Also, n

+

31. What are the most valuable experiences that participation in North Florida athletics gave you?

The memories of playing college baseball and being on a team with some c

+

32. Do you have a feeling that as you become successful in your professional career that you will contribute back to UNF athletics?

Yes, being hardworking, diligent, and responsible will take you places in life.

+

Spring 19



Equipment better/Gear

### North Florida Student-Athlete Exit Interview Questionnaire

The information requested in this questionnaire will be used by the Department of Athletics to improve the experience of future student-athletes at North Florida. Please answer the following questions honestly and accurately. Keep in mind that all provided information is confidential.

Name:

Sport: Baseball

Reason for Leaving:

Graduation  Transfer  Completed eligibility  Other (explain)

Non-UNF email:

Phone Number:

1. Rate your athletic experience at North Florida:

Below Average  Average  Good  Very Good  Excellent

2. If you were being recruited from high school today, would you choose North Florida again?

Yes  No

Why or why not?

I have wanted to come here since highschool

3. Would you encourage other student-athletes to attend North Florida?

Yes  No

4. Were your experiences in athletics what you expected them to be?

Yes  No

5. Were your coaches available to you when you needed them?

Yes  No

6. Did your head coach operate his/her program with honesty and integrity?

Yes  No

7. What do you believe were the strengths of the coaching staff?

*I believe they knew they were doing, & they helped me.*

8. In what areas, if any, do you feel the coaching staff needs to improve?

9. Were you subject to coaching techniques that involved the following?

a. Physical abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
b. Verbal abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
c. Mental abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never

10. Do you believe that your coaches were sensitive to the demands placed on your time while you were a student-athlete?

Yes  No  Please explain if necessary:

How do you recommend they improve in this area?

11. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically related activities with you?

Yes  No

A. If yes, do you believe that a maximum of four hours per day and twenty hours per week is reasonable?

Yes  No   
B. Why or why not?

C. If you are not in favor of any restrictions, please indicate why:  
*We came here to play baseball. I do not mind playing.*

12. Did your coaches abide by NCAA countable hour limitations and required days off?

Yes  No

If No, please explain.

13. In general, how did your coaches treat you as an individual?

Poor  Fair  Adequate  Good  Excellent

14. How much have your athletic skills improved?

Not at all  A little Somewhat  Great deal

15. Were you informed of NCAA, Atlantic Sun Conference and institutional regulations in the following areas:

A. Ethical conduct	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
B. Amateurism	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
C. Financial Aid	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
D. Employment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
E. Academic standards	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
F. Summer school	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
G. Eligibility standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
H. Banned Drugs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
I. Recruitment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
J. Complimentary admissions	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
K. Non-permissible benefits	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
L. Involvement with Boosters	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
M. Serving as student host	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

N. Practice Time Limits

Yes

No

16. To the best of your knowledge, did your coaches fully abide by these regulations?

Yes

No

If no, what were the circumstances?

17. Who was your primary contact when you had questions about regulations?

North Florida Coaches

North Florida Athletic Administration

North Florida Teammates

Other, Please Specify

18. Would you have liked to receive more information on the regulations?

Yes

No

If yes, in what area?

19. Were you drug tested while at North Florida?

Yes

No

20. How would you rate the effectiveness of the drug testing program?

Poor

Fair

Adequate

Good

Excellent

21. Do you have any knowledge of any extra benefits or other rules violations?

Yes

No

If yes, please explain.

22. How would you rate the responsiveness of institutional offices (financial aid, registrar, faculty) to your needs?

Poor  Fair  Adequate  Good  Excellent

23. Were you informed about Academic Support programs offered (study hall, tutors, ACE, advising, etc.)?

Yes  No

24. How well did the advising programs serve your needs?

Poor  Fair  Adequate  Good  Excellent

25. Did you take advantage of the Academic Support programs?

Yes  No

A. If not, why didn't you use the Academic Support programs?

B. If you did, how well did the Academic Support programs serve your needs?

Poor  Fair  Adequate  Good  Excellent

26. How would you rate the Advisors you met?

Poor  Fair  Adequate  Good  Excellent

27. How would you rate the support of your sport in these areas?

(1-Poor; 2-Fair; 3-Adequate; 4-Good, 5-Excellent)

A. Athletic administration

1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
1	<input type="checkbox"/>	2	<input checked="" type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>

B. Athletic training

C. Marketing/promotions

D. Media Relations

E. Strength & Conditioning

F. Travel/lodging/meals

G. Equipment



28. If you had a substance abuse or personal problem, who would you have turned to for help? (check all that apply)

- Head coach
- Assistant coach
- Athletic trainer
- Fellow student-athlete
- Academic advisor
- Athletic department staff member
- Professor
- Counseling Center
- Other; Please specify

29. Do you believe that all sports are treated equitably at North Florida?

Yes  No

Please explain.

30. What changes, if any, would you propose be made in North Florida's intercollegiate athletics program?

The only thing I'd want to be different would be better equipment, & travel.

31. What are the most valuable experiences that participation in North Florida athletics gave you?

I have friends that I would not have without being here.

32. Do you have a feeling that as you become successful in your professional career that you will contribute back to UNF athletics?

yes i would.



## North Florida Student-Athlete Exit Interview Questionnaire

The information requested in this questionnaire will be used by the Department of Athletics to improve the experience of future student-athletes at North Florida. Please answer the following questions honestly and accurately. Keep in mind that all provided information is confidential.

Name:

Sport: Baseball

Reason for Leaving:

Graduation  Transfer  Completed eligibility  Other (explain)

Non-UNF email:

Phone Number:

1. Rate your athletic experience at North Florida:

Below Average  Average  Good  Very Good  Excellent

2. If you were being recruited from high school today, would you choose North Florida again?

Yes  No

Why or why not?

Good people and I enjoyed it

3. Would you encourage other student-athletes to attend North Florida?

Yes  No

4. Were your experiences in athletics what you expected them to be?

Yes  No

5. Were your coaches available to you when you needed them?

Yes

Yes  No

6. Did your head coach operate his/her program with honesty and integrity?

Yes  No

7. What do you believe were the strengths of the coaching staff?

*Honest and up front about what they expect*

8. In what areas, if any, do you feel the coaching staff needs to improve?

*need to coach more, especially with hitting  
more feedback*

9. Were you subject to coaching techniques that involved the following?

a. Physical abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
b. Verbal abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
c. Mental abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never

10. Do you believe that your coaches were sensitive to the demands placed on your time while you were a student-athlete?

Yes  No  Please explain if necessary:

How do you recommend they improve in this area?

*none, everyone was accomadated*

11. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically related activities with you?

Yes  No

A. If yes, do you believe that a maximum of four hours per day and twenty hours per week is reasonable?

Yes  No

B. Why or why not?

C. If you are not in favor of any restrictions, please indicate why:

*I came here to play so more than 20 hours is fine with me. It would not have restricted my class time.*

12. Did your coaches abide by NCAA countable hour limitations and required days off?

Yes  No

If No, please explain.

13. In general, how did your coaches treat you as an individual?

Poor  Fair  Adequate  Good  Excellent

14. How much have your athletic skills improved?

Not at all  A little Somewhat  Great deal

15. Were you informed of NCAA, Atlantic Sun Conference and institutional regulations in the following areas:

A. Ethical conduct	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
B. Amateurism	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
C. Financial Aid	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
D. Employment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
E. Academic standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
F. Summer school	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
G. Eligibility standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
H. Banned Drugs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
I. Recruitment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
J. Complimentary admissions	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
K. Non-permissible benefits	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
L. Involvement with Boosters	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
M. Serving as student host	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

N. Practice Time Limits

Yes  No

16. To the best of your knowledge, did your coaches fully abide by these regulations?

Yes  No

If no, what were the circumstances?

17. Who was your primary contact when you had questions about regulations?

North Florida Coaches   
North Florida Athletic Administration   
North Florida Teammates   
Other, Please Specify

18. Would you have liked to receive more information on the regulations?

Yes  No

If yes, in what area?

19. Were you drug tested while at North Florida?

Yes  No

20. How would you rate the effectiveness of the drug testing program?

Poor  Fair  Adequate  Good  Excellent

21. Do you have any knowledge of any extra benefits or other rules violations?

Yes  No

If yes, please explain.

22. How would you rate the responsiveness of institutional offices (financial aid, registrar, faculty) to your needs?

Poor  Fair  Adequate  Good  Excellent

23. Were you informed about Academic Support programs offered (study hall, tutors, ACE, advising, etc.)?

Yes  No

24. How well did the advising programs serve your needs?

Poor  Fair  Adequate  Good  Excellent

25. Did you take advantage of the Academic Support programs?

Yes  No

A. If not, why didn't you use the Academic Support programs?

*I did not need them other than the required study hall*

B. If you did, how well did the Academic Support programs serve your needs?

Poor  Fair  Adequate  Good  Excellent

26. How would you rate the Advisors you met?

Poor  Fair  Adequate  Good  Excellent

27. How would you rate the support of your sport in these areas?

(1-Poor; 2-Fair; 3-Adequate; 4-Good, 5-Excellent)

A. Athletic administration	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
B. Athletic training	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
C. Marketing/promotions	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
D. Media Relations	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
E. Strength & Conditioning	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
F. Travel/lodging/meals	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
G. Equipment	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>

28. If you had a substance abuse or personal problem, who would you have turned to for help? (check all that apply)

- Head coach
- Assistant coach
- Athletic trainer
- Fellow student-athlete
- Academic advisor
- Athletic department staff member
- Professor
- Counseling Center
- Other; Please specify

29. Do you believe that all sports are treated equitably at North Florida?

Yes  No

Please explain.

We have more players, which means we cost more money but I think we get more than enough.

30. What changes, if any, would you propose be made in North Florida's intercollegiate athletics program?

more campus promotions for baseball

31. What are the most valuable experiences that participation in North Florida athletics gave you?

I've learned a lot about the sport and made a ton of friends

32. Do you have a feeling that as you become successful in your professional career that you will contribute back to UNF athletics?

Yes



\* Road meals need to be better  
 \* Snacks free in room



More hitting Plans  
 Gear

### North Florida Student-Athlete Exit Interview Questionnaire

The information requested in this questionnaire will be used by the Department of Athletics to improve the experience of future student-athletes at North Florida. Please answer the following questions honestly and accurately. Keep in mind that all provided information is confidential.

Name

Sport: baseball

Reason for Leaving:

Graduation  Transfer  Completed eligibility  Other (explain)

Non-UNF email:

Phone Number:

1. Rate your athletic experience at North Florida:

Below Average  Average  Good  Very Good  Excellent

2. If you were being recruited from high school today, would you choose North Florida again?

Yes  No

Why or why not?

Great education, great Athletic experience.

3. Would you encourage other student-athletes to attend North Florida?

Yes  No

4. Were your experiences in athletics what you expected them to be?

Yes  No

5. Were your coaches available to you when you needed them?



Yes  No

6. Did your head coach operate his/her program with honesty and integrity?

Yes  No

7. What do you believe were the strengths of the coaching staff?

*Knowing a lot about the game, and life lessons beyond baseball*

8. In what areas, if any, do you feel the coaching staff needs to improve?

*Need more of a hitting plan as a team.*

9. Were you subject to coaching techniques that involved the following?

a. Physical abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
b. Verbal abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
c. Mental abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never

10. Do you believe that your coaches were sensitive to the demands placed on your time while you were a student-athlete?

Yes  No  Please explain if necessary:

How do you recommend they improve in this area?

11. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically related activities with you?

Yes  No

A. If yes, do you believe that a maximum of four hours per day and twenty hours per week is reasonable? *Yes*

Yes  No   
 B. Why or why not?

C. If you are not in favor of any restrictions, please indicate why:

12. Did your coaches abide by NCAA countable hour limitations and required days off?

Yes  No

If No, please explain.

13. In general, how did your coaches treat you as an individual?

Poor  Fair  Adequate  Good  Excellent

14. How much have your athletic skills improved?

Not at all  A little Somewhat  Great deal

15. Were you informed of NCAA, Atlantic Sun Conference and institutional regulations in the following areas:

A. Ethical conduct	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
B. Amateurism	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
C. Financial Aid	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
D. Employment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
E. Academic standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
F. Summer school	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
G. Eligibility standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
H. Banned Drugs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
I. Recruitment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
J. Complimentary admissions	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
K. Non-permissible benefits	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
L. Involvement with Boosters	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
M. Serving as student host	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

N. Practice Time Limits

Yes  No

16. To the best of your knowledge, did your coaches fully abide by these regulations?

Yes  No

If no, what were the circumstances?

17. Who was your primary contact when you had questions about regulations?

North Florida Coaches   
North Florida Athletic Administration   
North Florida Teammates   
Other, Please Specify

18. Would you have liked to receive more information on the regulations?

Yes  No

If yes, in what area?

19. Were you drug tested while at North Florida?

Yes  No

20. How would you rate the effectiveness of the drug testing program?

Poor  Fair  Adequate  Good  Excellent

21. Do you have any knowledge of any extra benefits or other rules violations?

Yes  No

If yes, please explain.

22. How would you rate the responsiveness of institutional offices (financial aid, registrar, faculty) to your needs?

Poor  Fair  Adequate  Good  Excellent

23. Were you informed about Academic Support programs offered (study hall, tutors, ACE, advising, etc.)?

Yes  No

24. How well did the advising programs serve your needs?

Poor  Fair  Adequate  Good  Excellent

25. Did you take advantage of the Academic Support programs?

Yes  No

A. If not, why didn't you use the Academic Support programs?

B. If you did, how well did the Academic Support programs serve your needs?

Poor  Fair  Adequate  Good  Excellent

26. How would you rate the Advisors you met?

Poor  Fair  Adequate  Good  Excellent

27. How would you rate the support of your sport in these areas?

(1-Poor; 2-Fair; 3-Adequate; 4-Good, 5-Excellent)

A. Athletic administration	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
B. Athletic training	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
C. Marketing/promotions	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
D. Media Relations	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
E. Strength & Conditioning	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
F. Travel/lodging/meals	1	<input type="checkbox"/>	2	<input checked="" type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
G. Equipment	1	<input checked="" type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>

*Forplex -  
gaining strength*

*Better  
Essex*

*ETS - Louisville -*

*Broken belts worn + replaced*

28. If you had a substance abuse or personal problem, who would you have turned to for help? (check all that apply)

- Head coach
- Assistant coach
- Athletic trainer
- Fellow student-athlete
- Academic advisor
- Athletic department staff member
- Professor
- Counseling Center
- Other; Please specify

29. Do you believe that all sports are treated equitably at North Florida?

Yes  No

Please explain.

30. What changes, if any, would you propose be made in North Florida's intercollegiate athletics program?

*New equipment for baseball, etc.,*

31. What are the most valuable experiences that participation in North Florida athletics gave you?

*Relationships and connections*

32. Do you have a feeling that as you become successful in your professional career that you will contribute back to UNF athletics?

*Yes*



## North Florida Student-Athlete Exit Interview Questionnaire

The information requested in this questionnaire will be used by the Department of Athletics to improve the experience of future student-athletes at North Florida. Please answer the following questions honestly and accurately. Keep in mind that all provided information is confidential.

Name:

Sport: *Men's Golf*

Reason for Leaving:

Graduation  Transfer  Completed eligibility  Other (explain)

Non-UNF email:

Phone Number:

1. Rate your athletic experience at North Florida:

Below Average  Average  Good  Very Good  Excellent

2. If you were being recruited from high school today, would you choose North Florida again?

Yes  No

Why or why not?

*I gave me an opportunity to play at the highest level*

3. Would you encourage other student-athletes to attend North Florida?

Yes  No

4. Were your experiences in athletics what you expected them to be?

Yes  No

5. Were your coaches available to you when you needed them?

*yes*

Yes  No

6. Did your head coach operate his/her program with honesty and integrity?

Yes  No

7. What do you believe were the strengths of the coaching staff?

*Keeping everyone on the same page with a schedule, goals, etc.*

8. In what areas, if any, do you feel the coaching staff needs to improve?

*mild progression on communication, planning*

9. Were you subject to coaching techniques that involved the following?

a. Physical abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
b. Verbal abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
c. Mental abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never

10. Do you believe that your coaches were sensitive to the demands placed on your time while you were a student-athlete?

Yes  No  Please explain if necessary:

How do you recommend they improve in this area?

11. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically related activities with you?

Yes  No

A. If yes, do you believe that a maximum of four hours per day and twenty hours per week is reasonable?

*yes*

Yes  No   
B. Why or why not?

C. If you are not in favor of any restrictions, please indicate why:

12. Did your coaches abide by NCAA countable hour limitations and required days off?

Yes  No

If No, please explain.

13. In general, how did your coaches treat you as an individual?

Poor  Fair  Adequate  Good  Excellent

14. How much have your athletic skills improved?

Not at all  A little Somewhat  Great deal

15. Were you informed of NCAA, Atlantic Sun Conference and institutional regulations in the following areas:

A. Ethical conduct	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
B. Amateurism	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
C. Financial Aid	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
D. Employment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
E. Academic standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
F. Summer school	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
G. Eligibility standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
H. Banned Drugs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
I. Recruitment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
J. Complimentary admissions	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
K. Non-permissible benefits	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
L. Involvement with Boosters	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
M. Serving as student host	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>



N. Practice Time Limits

Yes  No

16. To the best of your knowledge, did your coaches fully abide by these regulations?

Yes  No

If no, what were the circumstances?

17. Who was your primary contact when you had questions about regulations?

North Florida Coaches   
North Florida Athletic Administration   
North Florida Teammates   
Other, Please Specify

18. Would you have liked to receive more information on the regulations?

Yes  No

If yes, in what area?

19. Were you drug tested while at North Florida?

Yes  No

20. How would you rate the effectiveness of the drug testing program?

Poor  Fair  Adequate  Good  Excellent

21. Do you have any knowledge of any extra benefits or other rules violations?

Yes  No

If yes, please explain.

22. How would you rate the responsiveness of institutional offices (financial aid, registrar, faculty) to your needs?

Poor  Fair  Adequate  Good  Excellent

23. Were you informed about Academic Support programs offered (study hall, tutors, ACE, advising, etc.)?

Yes  No

24. How well did the advising programs serve your needs?

Poor  Fair  Adequate  Good  Excellent

25. Did you take advantage of the Academic Support programs?

Yes  No

A. If not, why didn't you use the Academic Support programs?

B. If you did, how well did the Academic Support programs serve your needs?

Poor  Fair  Adequate  Good  Excellent

26. How would you rate the Advisors you met?

Poor  Fair  Adequate  Good  Excellent

27. How would you rate the support of your sport in these areas?

(1-Poor; 2-Fair; 3-Adequate; 4-Good, 5-Excellent)

A. Athletic administration	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
B. Athletic training	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
C. Marketing/promotions	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
D. Media Relations	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
E. Strength & Conditioning	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
F. Travel/lodging/meals	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
G. Equipment	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>

Facility: bare minimum; renovation was not effective;  
maint/mgt issue

28. If you had a substance abuse or personal problem, who would you have turned to for help? (check all that apply)

- Head coach
- Assistant coach
- Athletic trainer
- Fellow student-athlete
- Academic advisor
- Athletic department staff member
- Professor
- Counseling Center
- Other; Please specify

29. Do you believe that all sports are treated equitably at North Florida?

Yes  No

Please explain.

*No school treats lower attendance sports as good as high attendance sports*

30. What changes, if any, would you propose be made in North Florida's intercollegiate athletics program?

*A little more individualized strength training*

31. What are the most valuable experiences that participation in North Florida athletics gave you?

*The opportunity to compete against the best players / schools in the country*

32. Do you have a feeling that as you become successful in your professional career that you will contribute back to UNF athletics?

*yes*



## North Florida Student-Athlete Exit Interview Questionnaire

The information requested in this questionnaire will be used by the Department of Athletics to improve the experience of future student-athletes at North Florida. Please answer the following questions honestly and accurately. Keep in mind that all provided information is confidential.

Name:

Sport: *Mens Golf*

Reason for Leaving:

Graduation

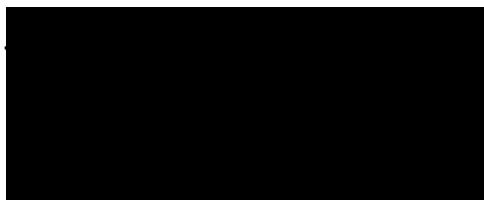
Transfer

Completed eligibility

Other (explain)

Non-UNF email:

Phone Number:



1. Rate your athletic experience at North Florida:

Below Average

Average

Good

Very Good

Excellent

2. If you were being recruited from high school today, would you choose North Florida again?

Yes

No

Why or why not?

*When I was being recruited I wanted to go somewhere I could focus on golf and not have many outside distractions*

3. Would you encourage other student-athletes to attend North Florida?

Yes

No

*Depends on sport*

4. Were your experiences in athletics what you expected them to be?

Yes

No

5. Were your coaches available to you when you needed them?

Yes  No

6. Did your head coach operate his/her program with honesty and integrity?

Yes  No

7. What do you believe were the strengths of the coaching staff?

Very good at scheduling and knowing what we need to improve in order to accomplish our goals

8. In what areas, if any, do you feel the coaching staff needs to improve?

Communication / Scheduling  
Hard to plan outside of golf when we don't know what we are doing until a couple of days before  
- progression on areas of improvement... communication scheduling

9. Were you subject to coaching techniques that involved the following?

a. Physical abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
b. Verbal abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
c. Mental abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never

10. Do you believe that your coaches were sensitive to the demands placed on your time while you were a student-athlete?

Yes  No  Please explain if necessary:

How do you recommend they improve in this area?

None

11. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically related activities with you?

Yes  No

A. If yes, do you believe that a maximum of four hours per day and twenty hours per week is reasonable?

Yes I think this is reasonable

Yes  No   
B. Why or why not?

C. If you are not in favor of any restrictions, please indicate why:

12. Did your coaches abide by NCAA countable hour limitations and required days off?

Yes  No

If No, please explain.

13. In general, how did your coaches treat you as an individual?

Poor  Fair  Adequate  Good  Excellent

14. How much have your athletic skills improved?

Not at all  A little Somewhat  Great deal

15. Were you informed of NCAA, Atlantic Sun Conference and institutional regulations in the following areas:

A. Ethical conduct	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
B. Amateurism	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
C. Financial Aid	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
D. Employment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
E. Academic standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
F. Summer school	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
G. Eligibility standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
H. Banned Drugs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
I. Recruitment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
J. Complimentary admissions	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
K. Non-permissible benefits	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
L. Involvement with Boosters	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
M. Serving as student host	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

N. Practice Time Limits      Yes       No

16. To the best of your knowledge, did your coaches fully abide by these regulations?

Yes       No

If no, what were the circumstances?

17. Who was your primary contact when you had questions about regulations?

North Florida Coaches   
North Florida Athletic Administration   
North Florida Teammates   
Other, Please Specify

18. Would you have liked to receive more information on the regulations?

Yes       No

If yes, in what area?

19. Were you drug tested while at North Florida?

Yes       No

20. How would you rate the effectiveness of the drug testing program?

Poor       Fair       Adequate       Good       Excellent

21. Do you have any knowledge of any extra benefits or other rules violations?

Yes       No

If yes, please explain.

22. How would you rate the responsiveness of institutional offices (financial aid, registrar, faculty) to your needs?

Poor  Fair  Adequate  Good  Excellent

23. Were you informed about Academic Support programs offered (study hall, tutors, ACE, advising, etc.)?

Yes  No

24. How well did the advising programs serve your needs?

Poor  Fair  Adequate  Good  Excellent

25. Did you take advantage of the Academic Support programs?

Yes  No

A. If not, why didn't you use the Academic Support programs?

*Went a couple of times but did not find them very helpful*

B. If you did, how well did the Academic Support programs serve your needs?

Poor  Fair  Adequate  Good  Excellent

26. How would you rate the Advisors you met?

Poor  Fair  Adequate  Good  Excellent

27. How would you rate the support of your sport in these areas?

(1-Poor; 2-Fair; 3-Adequate; 4-Good, 5-Excellent)

A. Athletic administration

1  2  3  4  5

B. Athletic training

1  2  3  4  5

C. Marketing/promotions

1  2  3  4  5

D. Media Relations

1  2  3  4  5

E. Strength & Conditioning

1  2  3  4  5

F. Travel/lodging/meals

1  2  3  4  5

G. Equipment

1  2  3  4  5

*Sat there, waiting for help... not eager to assist... social hour*

*Colin has been the best*

*Myrtle Beach Champs post was weak*

*Facility: needs vast improvement in order to recruit*



28. If you had a substance abuse or personal problem, who would you have turned to for help? (check all that apply)

- Head coach
- Assistant coach
- Athletic trainer
- Fellow student-athlete
- Academic advisor
- Athletic department staff member
- Professor
- Counseling Center
- Other; Please specify

29. Do you believe that all sports are treated equitably at North Florida?

Yes  No

Please explain.

*Im sure other teams feel like we have nicer/more stuff than they do.  
I feel like we do not get the notoriety we deserve after some accomplishments.*

30. What changes, if any, would you propose be made in North Florida's intercollegiate athletics program?

*Easier said than done, but overall funding needs to be improved for all teams. May not be related but something needs to be done to help student body involvement with athletics basketball in general.*

31. What are the most valuable experiences that participation in North Florida athletics gave you?

*All the relationships with my teammates and coaches as well as fellow competitors*

32. Do you have a feeling that as you become successful in your professional career that you will contribute back to UNF athletics?

*Yes I have become very connected in Jacksonville*



## North Florida Student-Athlete Exit Interview Questionnaire

The information requested in this questionnaire will be used by the Department of Athletics to improve the experience of future student-athletes at North Florida. Please answer the following questions honestly and accurately. Keep in mind that all provided information is confidential.

Name

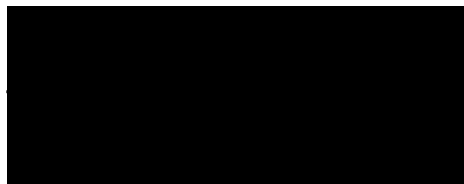
Sport: Men's golf

Reason for Leaving:

Graduation  Transfer  Completed eligibility  Other (explain)

Non-UNF email:

Phone Number:



1. Rate your athletic experience at North Florida:

Below Average  Average  Good  Very Good  Excellent

2. If you were being recruited from high school today, would you choose North Florida again?

Yes  No

Why or why not?

3. Would you encourage other student-athletes to attend North Florida?

Yes  No

4. Were your experiences in athletics what you expected them to be?

Yes  No

5. Were your coaches available to you when you needed them?

Yes  No

6. Did your head coach operate his/her program with honesty and integrity?

Yes  No

7. What do you believe were the strengths of the coaching staff?

recruiting, knowledge of the game

8. In what areas, if any, do you feel the coaching staff needs to improve?

9. Were you subject to coaching techniques that involved the following?

- |                   |                          |       |                          |           |                                     |       |
|-------------------|--------------------------|-------|--------------------------|-----------|-------------------------------------|-------|
| a. Physical abuse | <input type="checkbox"/> | Often | <input type="checkbox"/> | Sometimes | <input checked="" type="checkbox"/> | Never |
| b. Verbal abuse   | <input type="checkbox"/> | Often | <input type="checkbox"/> | Sometimes | <input checked="" type="checkbox"/> | Never |
| c. Mental abuse   | <input type="checkbox"/> | Often | <input type="checkbox"/> | Sometimes | <input checked="" type="checkbox"/> | Never |

10. Do you believe that your coaches were sensitive to the demands placed on your time while you were a student-athlete?

Yes  No  Please explain if necessary:

How do you recommend they improve in this area?

11. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically related activities with you?

Yes  No

A. If yes, do you believe that a maximum of four hours per day and twenty hours per week is reasonable?

Yes  No   
B. Why or why not?

C. If you are not in favor of any restrictions, please indicate why:

12. Did your coaches abide by NCAA countable hour limitations and required days off?

Yes  No

If No, please explain.

13. In general, how did your coaches treat you as an individual?

Poor  Fair  Adequate  Good  Excellent

14. How much have your athletic skills improved?

Not at all  A little Somewhat  Great deal

15. Were you informed of NCAA, Atlantic Sun Conference and institutional regulations in the following areas:

A. Ethical conduct	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
B. Amateurism	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
C. Financial Aid	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
D. Employment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
E. Academic standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
F. Summer school	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
G. Eligibility standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
H. Banned Drugs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
I. Recruitment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
J. Complimentary admissions	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
K. Non-permissible benefits	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
L. Involvement with Boosters	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
M. Serving as student host	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

N. Practice Time Limits      Yes       No

16. To the best of your knowledge, did your coaches fully abide by these regulations?

Yes       No

If no, what were the circumstances?

17. Who was your primary contact when you had questions about regulations?

North Florida Coaches   
North Florida Athletic Administration   
North Florida Teammates   
Other, Please Specify

18. Would you have liked to receive more information on the regulations?

Yes       No

If yes, in what area?

19. Were you drug tested while at North Florida?

Yes       No

20. How would you rate the effectiveness of the drug testing program?

Poor       Fair       Adequate       Good       Excellent

21. Do you have any knowledge of any extra benefits or other rules violations?

Yes       No

If yes, please explain.

22. How would you rate the responsiveness of institutional offices (financial aid, registrar, faculty) to your needs?

Poor  Fair  Adequate  Good  Excellent

23. Were you informed about Academic Support programs offered (study hall, tutors, ACE, advising, etc.)?

Yes  No

24. How well did the advising programs serve your needs?

Poor  Fair  Adequate  Good  Excellent

25. Did you take advantage of the Academic Support programs?

Yes  No

A. If not, why didn't you use the Academic Support programs?

B. If you did, how well did the Academic Support programs serve your needs?

Poor  Fair  Adequate  Good  Excellent

26. How would you rate the Advisors you met?

Poor  Fair  Adequate  Good  Excellent

27. How would you rate the support of your sport in these areas?

(1-Poor; 2-Fair; 3-Adequate; 4-Good, 5-Excellent)

A. Athletic administration	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
B. Athletic training	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
C. Marketing/promotions	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
D. Media Relations	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
E. Strength & Conditioning	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
F. Travel/lodging/meals	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
G. Equipment	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>

28. If you had a substance abuse or personal problem, who would you have turned to for help? (check all that apply)

- Head coach
- Assistant coach
- Athletic trainer
- Fellow student-athlete
- Academic advisor
- Athletic department staff member
- Professor
- Counseling Center
- Other; Please specify

29. Do you believe that all sports are treated equitably at North Florida?

Yes  No

Please explain.

30. What changes, if any, would you propose be made in North Florida's intercollegiate athletics program?

31. What are the most valuable experiences that participation in North Florida athletics gave you?

getting to travel and play with teammates

32. Do you have a feeling that as you become successful in your professional career that you will contribute back to UNF athletics?

depends how much money I make



## North Florida Student-Athlete Exit Interview Questionnaire

The information requested in this questionnaire will be used by the Department of Athletics to improve the experience of future student-athletes at North Florida. Please answer the following questions honestly and accurately. Keep in mind that all provided information is confidential.

Name:

Sport: *MENS GOLF*

Reason for Leaving:

*Spring 2019*  
Graduation  Transfer  Completed eligibility  Other (explain)

Non-UNF email:

Phone Number:

1. Rate your athletic experience at North Florida:

Below Average  Average  Good  Very Good  Excellent

2. If you were being recruited from high school today, would you choose North Florida again?

Yes  No

Why or why not?

3. Would you encourage other student-athletes to attend North Florida?

Yes  No

4. Were your experiences in athletics what you expected them to be?

Yes  No

5. Were your coaches available to you when you needed them?

*Yes, COACHES WERE ALWAYS HELD AND ABLE TO HELP*



Yes  No

6. Did your head coach operate his/her program with honesty and integrity?

Yes  No

7. What do you believe were the strengths of the coaching staff?

EXPERIENCE, KNOWLEDGE, CULTURE

8. In what areas, if any, do you feel the coaching staff needs to improve?

ALLOW A LITTLE MORE PLAYER INPUT, OFTEN WE FEEL WE GET SHOT DOWN AND WE ARE ALWAYS WRONG; BETTER CARE OF TEAM FACILITY  
Mild progression in organization/planning/communication

9. Were you subject to coaching techniques that involved the following?

a. Physical abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
b. Verbal abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
c. Mental abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never

10. Do you believe that your coaches were sensitive to the demands placed on your time while you were a student-athlete?

Yes  No  Please explain if necessary:

How do you recommend they improve in this area?

GOLF IS TIGHT BECAUSE WE ARE AT THE MERCY OF GOLF COURSES AROUND TOWN FOR TEE TIMES, BUT HAVING A TWO WEEK SCHEDULE FOR DAY TO DAY ACTIVITIES WOULD BE IDEAL

11. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically related activities with you?

Yes  No

A. If yes, do you believe that a maximum of four hours per day and twenty hours per week is reasonable?

THAT IS FINE BECAUSE GOLF TAKES SO LONG, I COULD SEE THAT REASONABLY BEING EXTENDED TO 25.

Yes  No   
B. Why or why not?

SEE A

C. If you are not in favor of any restrictions, please indicate why:

12. Did your coaches abide by NCAA countable hour limitations and required days off?

Yes  No

If No, please explain.

13. In general, how did your coaches treat you as an individual?

Poor  Fair  Adequate  Good  Excellent

14. How much have your athletic skills improved?

Not at all  A little Somewhat  Great deal

15. Were you informed of NCAA, Atlantic Sun Conference and institutional regulations in the following areas:

A. Ethical conduct	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
B. Amateurism	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
C. Financial Aid	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
D. Employment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
E. Academic standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
F. Summer school	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
G. Eligibility standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
H. Banned Drugs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
I. Recruitment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
J. Complimentary admissions	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
K. Non-permissible benefits	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
L. Involvement with Boosters	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
M. Serving as student host	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

N. Practice Time Limits

Yes  No

16. To the best of your knowledge, did your coaches fully abide by these regulations?

Yes  No

If no, what were the circumstances?

17. Who was your primary contact when you had questions about regulations?

North Florida Coaches   
North Florida Athletic Administration   
North Florida Teammates   
Other, Please Specify

18. Would you have liked to receive more information on the regulations?

Yes  No

If yes, in what area?

19. Were you drug tested while at North Florida?

Yes  No

20. How would you rate the effectiveness of the drug testing program?

Poor  Fair  Adequate  Good  Excellent

21. Do you have any knowledge of any extra benefits or other rules violations?

Yes  No

If yes, please explain.

22. How would you rate the responsiveness of institutional offices (financial aid, registrar, faculty) to your needs?

Poor  Fair  Adequate  Good  Excellent

23. Were you informed about Academic Support programs offered (study hall, tutors, ACE, advising, etc.)?

Yes  No

24. How well did the advising programs serve your needs?

Poor  Fair  Adequate  Good  Excellent

25. Did you take advantage of the Academic Support programs?

Yes  No

A. If not, why didn't you use the Academic Support programs?

B. If you did, how well did the Academic Support programs serve your needs?

Poor  Fair  Adequate  Good  Excellent

26. How would you rate the Advisors you met?

Poor  Fair  Adequate  Good  Excellent

27. How would you rate the support of your sport in these areas?

(1-Poor; 2-Fair; 3-Adequate; 4-Good, 5-Excellent)

A. Athletic administration	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
B. Athletic training	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
C. Marketing/promotions	1	<input checked="" type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
D. Media Relations	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
E. Strength & Conditioning	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
F. Travel/lodging/meals	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
G. Equipment	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>

*follow through on chronic issues*

*Facility: 70% of facility is not effective; very poorly maintained*

28. If you had a substance abuse or personal problem, who would you have turned to for help? (check all that apply)

- Head coach
- Assistant coach
- Athletic trainer
- Fellow student-athlete
- Academic advisor
- Athletic department staff member
- Professor
- Counseling Center
- Other; Please specify

29. Do you believe that all sports are treated equitably at North Florida?

Yes  No

Please explain.

~~WE HAVE CLEARLY BEEN THE BEST PROGRAM AT THE SCHOOL FOR QUITE SOME TIME,~~  
WE HAVE CLEARLY BEEN THE BEST PROGRAM AT THE SCHOOL FOR QUITE SOME TIME,  
YET WE GET LITTLE TO NO LOVE FROM THE MEDIA OF OTHER SPORTS

30. What changes, if any, would you propose be made in North Florida's intercollegiate athletics program?

FOR THE GOLF PROGRAM SPECIFICALLY, OUR PARKING AREA NEEDS A MAKE OVER.

THERE NEEDS TO BE SOME WAY TO INVOLVE STUDENTS INTO ATHLETICS MORE OFTEN.

31. What are the most valuable experiences that participation in North Florida athletics gave you?

NCAA TOURNAMENTS WERE REALLY NEAT TO COMPETE IN, AND OUR STATE TO BOWL CONFERENCE TOURNAMENTS WERE PRETTY COOL.

32. Do you have a feeling that as you become successful in your professional career that you will contribute back to UNF athletics?

ABSOLUTELY.



## North Florida Student-Athlete Exit Interview Questionnaire

The information requested in this questionnaire will be used by the Department of Athletics to improve the experience of future student-athletes at North Florida. Please answer the following questions honestly and accurately. Keep in mind that all provided information is confidential.

Name: [REDACTED]

Sport: Golf

Reason for Leaving:

Graduation  Transfer  Completed eligibility  Other (explain)

Non-UNF email:

Phone Number:

[REDACTED]

1. Rate your athletic experience at North Florida:

Below Average  Average  Good  Very Good  Excellent

2. If you were being recruited from high school today, would you choose North Florida again?

Yes  No

Why or why not?

Yes, I was given great opportunity, met lots of people, and enjoyed my expe

3. Would you encourage other student-athletes to attend North Florida?

Yes  No

4. Were your experiences in athletics what you expected them to be?

Yes  No

5. Were your coaches available to you when you needed them?

Yes  No

6. Did your head coach operate his/her program with honesty and integrity?

Yes  No

7. What do you believe were the strengths of the coaching staff?

The strengths were giving freedom of responsibility and openness with the

8. In what areas, if any, do you feel the coaching staff needs to improve?

Becoming a little more structured and organized.

*person to person <sup>could</sup> benefit from more structure*

9. Were you subject to coaching techniques that involved the following?

a. Physical abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
b. Verbal abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
c. Mental abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never

10. Do you believe that your coaches were sensitive to the demands placed on your time while you were a student-athlete?

Yes  No  Please explain if necessary:

How do you recommend they improve in this area?

11. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically related activities with you?

Yes  No

A. If yes, do you believe that a maximum of four hours per day and twenty hours per week is reasonable?

Yes  No   
B. Why or why not?

Ensures that students get time in the classroom or studying. Also gives

C. If you are not in favor of any restrictions, please indicate why:

12. Did your coaches abide by NCAA countable hour limitations and required days off?

Yes  No

If No, please explain.

13. In general, how did your coaches treat you as an individual?

Poor  Fair  Adequate  Good  Excellent

14. How much have your athletic skills improved?

Not at all  A little Somewhat  Great deal

15. Were you informed of NCAA, Atlantic Sun Conference and institutional regulations in the following areas:

A. Ethical conduct	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
B. Amateurism	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
C. Financial Aid	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
D. Employment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
E. Academic standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
F. Summer school	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
G. Eligibility standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
H. Banned Drugs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
I. Recruitment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
J. Complimentary admissions	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
K. Non-permissible benefits	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
L. Involvement with Boosters	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
M. Serving as student host	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>



N. Practice Time Limits

Yes  No

16. To the best of your knowledge, did your coaches fully abide by these regulations?

Yes  No

If no, what were the circumstances?

17. Who was your primary contact when you had questions about regulations?

North Florida Coaches   
North Florida Athletic Administration   
North Florida Teammates   
Other, Please Specify

18. Would you have liked to receive more information on the regulations?

Yes  No

If yes, in what area?

19. Were you drug tested while at North Florida?

Yes  No

20. How would you rate the effectiveness of the drug testing program?

Poor  Fair  Adequate  Good  Excellent

21. Do you have any knowledge of any extra benefits or other rules violations?

Yes  No

If yes, please explain.

22. How would you rate the responsiveness of institutional offices (financial aid, registrar, faculty) to your needs?

Poor  Fair  Adequate  Good  Excellent

23. Were you informed about Academic Support programs offered (study hall, tutors, ACE, advising, etc.)?

Yes  No

24. How well did the advising programs serve your needs?

Poor  Fair  Adequate  Good  Excellent

25. Did you take advantage of the Academic Support programs?

Yes  No

A. If not, why didn't you use the Academic Support programs?

B. If you did, how well did the Academic Support programs serve your needs?

Poor  Fair  Adequate  Good  Excellent

26. How would you rate the Advisors you met?

Poor  Fair  Adequate  Good  Excellent

27. How would you rate the support of your sport in these areas?

(1-Poor; 2-Fair; 3-Adequate; 4-Good, 5-Excellent)

A. Athletic administration	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
B. Athletic training	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
C. Marketing/promotions	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
D. Media Relations	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
E. Strength & Conditioning	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
F. Travel/lodging/meals	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
G. Equipment	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>

Facility ... solid and effective

28. If you had a substance abuse or personal problem, who would you have turned to for help? (check all that apply)

- Head coach
- Assistant coach
- Athletic trainer
- Fellow student-athlete
- Academic advisor
- Athletic department staff member
- Professor
- Counseling Center
- Other; Please specify

29. Do you believe that all sports are treated equitably at North Florida?

Yes  No

Please explain.

As an athlete, I feel in the same category as all my fellow athletes.

30. What changes, if any, would you propose be made in North Florida's intercollegiate athletics program?

n/a

31. What are the most valuable experiences that participation in North Florida athletics gave you?

Meeting some wonderful people.

32. Do you have a feeling that as you become successful in your professional career that you will contribute back to UNF athletics?

Yes, most likely.



## North Florida Student-Athlete Exit Interview Questionnaire

The information requested in this questionnaire will be used by the Department of Athletics to improve the experience of future student-athletes at North Florida. Please answer the following questions honestly and accurately. Keep in mind that all provided information is confidential.

Name:

Sport: *Golf*

Reason for Leaving:

Graduation

Transfer

Completed eligibility

Other (explain)

Non-UNF email:

Phone Number:

1. Rate your athletic experience at North Florida:

Below Average

Average

Good

Very Good

Excellent

2. If you were being recruited from high school today, would you choose North Florida again?

Yes  No

Why or why not?

*I love the city of Jacksonville and the size of the school is perfect*

3. Would you encourage other student-athletes to attend North Florida?

Yes  No

4. Were your experiences in athletics what you expected them to be?

Yes  No

5. Were your coaches available to you when you needed them?

Yes  No

6. Did your head coach operate his/her program with honesty and integrity?

Yes  No

*Cultural Change*

7. What do you believe were the strengths of the coaching staff?

*Their knowledge about the sport and life.*

8. In what areas, if any, do you feel the coaching staff needs to improve?

*Communication with younger players*

9. Were you subject to coaching techniques that involved the following?

a. Physical abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
b. Verbal abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
c. Mental abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never

10. Do you believe that your coaches were sensitive to the demands placed on your time while you were a student-athlete?

Yes  No  Please explain if necessary:

How do you recommend they improve in this area?

11. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically related activities with you?

Yes  No

A. If yes, do you believe that a maximum of four hours per day and twenty hours per week is reasonable?

Yes  No

B. Why or why not?

*for golf, that is plenty for team practices*

C. If you are not in favor of any restrictions, please indicate why:

12. Did your coaches abide by NCAA countable hour limitations and required days off?

Yes  No

If No, please explain.

13. In general, how did your coaches treat you as an individual?

Poor  Fair  Adequate  Good  Excellent

14. How much have your athletic skills improved?

Not at all  A little Somewhat  Great deal

15. Were you informed of NCAA, Atlantic Sun Conference and institutional regulations in the following areas:

A. Ethical conduct	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
B. Amateurism	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
C. Financial Aid	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
D. Employment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
E. Academic standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
F. Summer school	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
G. Eligibility standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
H. Banned Drugs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
I. Recruitment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
J. Complimentary admissions	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
K. Non-permissible benefits	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
L. Involvement with Boosters	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
M. Serving as student host	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

22. How would you rate the responsiveness of institutional offices (financial aid, registrar, faculty) to your needs?

Poor  Fair  Adequate  Good  Excellent

23. Were you informed about Academic Support programs offered (study hall, tutors, ACE, advising, etc.)?

Yes  No

24. How well did the advising programs serve your needs?

Poor  Fair  Adequate  Good  Excellent

25. Did you take advantage of the Academic Support programs?

Yes  No

A. If not, why didn't you use the Academic Support programs?

B. If you did, how well did the Academic Support programs serve your needs?

Poor  Fair  Adequate  Good  Excellent

26. How would you rate the Advisors you met?

Poor  Fair  Adequate  Good  Excellent

27. How would you rate the support of your sport in these areas?

(1-Poor; 2-Fair; 3-Adequate; 4-Good, 5-Excellent)

A. Athletic administration	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
B. Athletic training	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
C. Marketing/promotions	1	<input type="checkbox"/>	2	<input checked="" type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
D. Media Relations	1	<input type="checkbox"/>	2	<input checked="" type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
E. Strength & Conditioning	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
F. Travel/lodging/meals	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
G. Equipment	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>

didn't even know we were playing at times

Facility: green is not getting team any better  
 • maintenance is an issue  
 • only hit balls -- if tee has been mowed



## North Florida Student-Athlete Exit Interview Questionnaire

The information requested in this questionnaire will be used by the Department of Athletics to improve the experience of future student-athletes at North Florida. Please answer the following questions honestly and accurately. Keep in mind that all provided information is confidential.

Name:

Sport: *Men's Soccer*

Reason for Leaving:

Graduation  Transfer  Completed eligibility  Other (explain)

Non-UNF email:

*Major: International  
Business*

Phone Number:

1. Rate your athletic experience at North Florida:

Below Average  Average  Good  Very Good  Excellent

2. If you were being recruited from high school today, would you choose North Florida again?

Yes  No

Why or why not?

*Because the whole athletics program felt like a family*

3. Would you encourage other student-athletes to attend North Florida?

Yes  No

4. Were your experiences in athletics what you expected them to be?

Yes  No

5. Were your coaches available to you when you needed them?

*Always*



Yes  No

6. Did your head coach operate his/her program with honesty and integrity?

Yes  No

*Cultural Change*

7. What do you believe were the strengths of the coaching staff?

*Their knowledge about the sport and life.*

8. In what areas, if any, do you feel the coaching staff needs to improve?

*Communication with younger players*

9. Were you subject to coaching techniques that involved the following?

a. Physical abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
b. Verbal abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
c. Mental abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never

10. Do you believe that your coaches were sensitive to the demands placed on your time while you were a student-athlete?

Yes  No  Please explain if necessary:

How do you recommend they improve in this area?

11. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically related activities with you?

Yes  No

A. If yes, do you believe that a maximum of four hours per day and twenty hours per week is reasonable?

N/A

Yes  No

B. Why or why not?

C. If you are not in favor of any restrictions, please indicate why:

Teams should be able to practice or conduct any kind of team activity as much as they need to get better.

12. Did your coaches abide by NCAA countable hour limitations and required days off?

Yes  No

If No, please explain.

13. In general, how did your coaches treat you as an individual?

Poor  Fair  Adequate  Good  Excellent

14. How much have your athletic skills improved?

Not at all  A little Somewhat  Great deal

15. Were you informed of NCAA, Atlantic Sun Conference and institutional regulations in the following areas:

A. Ethical conduct	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
B. Amateurism	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
C. Financial Aid	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
D. Employment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
E. Academic standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
F. Summer school	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
G. Eligibility standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
H. Banned Drugs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
I. Recruitment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
J. Complimentary admissions	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
K. Non-permissible benefits	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
L. Involvement with Boosters	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
M. Serving as student host	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

N. Practice Time Limits

Yes  No

16. To the best of your knowledge, did your coaches fully abide by these regulations?

Yes  No

If no, what were the circumstances?

17. Who was your primary contact when you had questions about regulations?

North Florida Coaches   
North Florida Athletic Administration   
North Florida Teammates   
Other, Please Specify

18. Would you have liked to receive more information on the regulations?

Yes  No

If yes, in what area?

19. Were you drug tested while at North Florida?

Yes  No

20. How would you rate the effectiveness of the drug testing program?

Poor  Fair  Adequate  Good  Excellent

21. Do you have any knowledge of any extra benefits or other rules violations?

Yes  No

If yes, please explain.

22. How would you rate the responsiveness of institutional offices (financial aid, registrar, faculty) to your needs?

Poor  Fair  Adequate  Good  Excellent

23. Were you informed about Academic Support programs offered (study hall, tutors, ACE, advising, etc.)?

Yes  No

24. How well did the advising programs serve your needs?

Poor  Fair  Adequate  Good  Excellent

25. Did you take advantage of the Academic Support programs?

Yes  No

A. If not, why didn't you use the Academic Support programs?

B. If you did, how well did the Academic Support programs serve your needs?

Poor  Fair  Adequate  Good  Excellent

26. How would you rate the Advisors you met?

Poor  Fair  Adequate  Good  Excellent

27. How would you rate the support of your sport in these areas?

(1-Poor; 2-Fair; 3-Adequate; 4-Good, 5-Excellent)

A. Athletic administration	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
B. Athletic training	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
C. Marketing/promotions	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
D. Media Relations	1	<input type="checkbox"/>	2	<input checked="" type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
E. Strength & Conditioning	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
F. Travel/lodging/meals	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
G. Equipment	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>

28. If you had a substance abuse or personal problem, who would you have turned to for help? (check all that apply)

- Head coach
- Assistant coach
- Athletic trainer
- Fellow student-athlete
- Academic advisor
- Athletic department staff member
- Professor
- Counseling Center
- Other; Please specify

29. Do you believe that all sports are treated equitably at North Florida?

Yes  No

Please explain.

I believe Basketball gets more attention but they are the ones who bring the more attendance.

30. What changes, if any, would you propose be made in North Florida's intercollegiate athletics program?

The facilities, hedges needs more attention, more specifically the grass and locker room.

31. What are the most valuable experiences that participation in North Florida athletics gave you?

Winning two rings.

32. Do you have a feeling that as you become successful in your professional career that you will contribute back to UNF athletics?

Absolutely.



## North Florida Student-Athlete Exit Interview Questionnaire

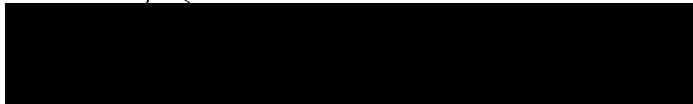
The information requested in this questionnaire will be used by the Department of Athletics to improve the experience of future student-athletes at North Florida. Please answer the following questions honestly and accurately. Keep in mind that all provided information is confidential.

Name:

Sport: Mens Soccer

Reason for Leaving:

Graduation  Transfer  Completed eligibility  Other (explain)



1. Rate your athletic experience at North Florida:

Below Average  Average  Good  Very Good  Excellent

2. If you were being recruited from high school today, would you choose North Florida again?

Yes  No

Why or why not?

great experience and great people. Would have done it again,

3. Would you encourage other student-athletes to attend North Florida?

Yes  No

4. Were your experiences in athletics what you expected them to be?

Yes  No

5. Were your coaches available to you when you needed them?

Yes  No  -First 3 years, yes  
-Last year, no.

Controversy → Communication → more individual attention

6. Did your head coach operate his/her program with honesty and integrity?

Yes  No  - First 3 years yes  
- Last year, not so much

7. What do you believe were the strengths of the coaching staff?

- Honest,  
- Coach Dunn really knowledgeable about soccer.  
- Hard working

8. In what areas, if any, do you feel the coaching staff needs to improve?

- Communication and clarification.

9. Were you subject to coaching techniques that involved the following?

a. Physical abuse	<input type="radio"/> Often	<input type="radio"/> Sometimes	<input checked="" type="radio"/> Never
b. Verbal abuse	<input type="radio"/> Often	<input type="radio"/> Sometimes	<input checked="" type="radio"/> Never
c. Mental abuse	<input type="radio"/> Often	<input type="radio"/> Sometimes	<input checked="" type="radio"/> Never

10. Do you believe that your coaches were sensitive to the demands placed on your time while you were a student-athlete?

Yes  No  Please explain if necessary:

How do you recommend they improve in this area?

11. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically related activities with you?

Yes  No

A. If yes, do you believe that a maximum of four hours per day and twenty hours per week is reasonable?

Yes  No

B. Why or why not?

C. If you are not in favor of any restrictions, please indicate why:

~~Coaches and staff should know whats best for the team~~  
and be able to set up practices etc after that. Shouldnt be any  
restrictions.

12. Did your coaches abide by NCAA countable hour limitations and required days off?

Yes  No

If No, please explain.

13. In general, how did your coaches treat you as an individual?

Poor  Fair  Adequate  Good  Excellent

14. How much have your athletic skills improved?

Not at all  A little Somewhat  Great deal

15. Were you informed of NCAA, Atlantic Sun Conference and institutional regulations in the following areas:

A. Ethical conduct	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
B. Amateurism	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
C. Financial Aid	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
D. Employment	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
E. Academic standards	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
F. Summer school	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
G. Eligibility standards	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
H. Banned Drugs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
I. Recruitment	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
J. Complimentary admissions	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
K. Non-permissible benefits	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
L. Involvement with Boosters	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
M. Serving as student host	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
N. Practice Time Limits	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>



16. To the best of your knowledge, did your coaches fully abide by these regulations?

Yes  No

If no, what were the circumstances?

17. Who was your primary contact when you had questions about regulations?

- North Florida Coaches
- North Florida Athletic Administration
- North Florida Teammates
- Other, Please Specify

18. Would you have liked to receive more information on the regulations?

Yes  No

If yes, in what area?

19. Were you drug tested while at North Florida?

Yes  No

20. How would you rate the effectiveness of the drug testing program?

Poor  Fair  Adequate  Good  Excellent

21. Do you have any knowledge of any extra benefits or other rules violations?

Yes  No

If yes, please explain.

22. How would you rate the responsiveness of institutional offices (financial aid, registrar, faculty) to your needs?

Poor  Fair  Adequate  Good  Excellent

23. Were you informed about Academic Support programs offered (study hall, tutors, ACE, advising, etc.)?

Yes  No

*Tara*

24. How well did the advising programs serve your needs?

Poor  Fair  Adequate  Good  Excellent

25. Did you take advantage of the Academic Support programs?

Yes  No

A. If not, why didn't you use the Academic Support programs?

B. If you did, how well did the Academic Support programs serve your needs?

Poor  Fair  Adequate  Good  Excellent

26. How would you rate the Advisors you met?

Poor  Fair  Adequate  Good  Excellent

27. How would you rate the support of your sport in these areas?

(1-Poor; 2-Fair; 3-Adequate; 4-Good, 5-Excellent)

A. Athletic administration	1	2	3	4	5
B. Athletic training	1	2	3	4	5
C. Marketing/promotions	1	2	3	4	5
D. Media Relations	1	2	3	4	5
E. Strength & Conditioning	1	2	3	4	5
F. Travel/lodging/meals	1	2	3	4	5
G. Equipment	1	2	3	4	5

*galer Related more*

28. If you had a substance abuse or personal problem, who would you have turned to for help? (check all that apply)

- Head coach
- Assistant coach
- Athletic trainer
- Fellow student-athlete
- Academic advisor
- Athletic department staff member
- Professor
- Counseling Center
- Other; Please specify

29. Do you believe that all sports are treated equitably at North Florida?

Yes

No

Please explain.

- Bigger sports more attention and marketing promotions.

30. What changes, if any, would you propose be made in North Florida's intercollegiate athletics program?

31. What are the most valuable experiences that participation in North Florida athletics gave you?

- thankful for the opportunity
- learned to appreciate the small things in life.
- amazing people
- travel with the team and being a family
- friends for life.

32. Please comment on any other areas (good or bad) not covered in this exit interview questionnaire:

- Bad: The way the coaches was treating some players during the season and in the end of the season

---

~~Trying~~ Trying to Right the Ship

favorites → Earning playing Time Thru work



## North Florida Student-Athlete Exit Interview Questionnaire

The information requested in this questionnaire will be used by the Department of Athletics to improve the experience of future student-athletes at North Florida. Please answer the following questions honestly and accurately. Keep in mind that all provided information is confidential.

Name:

Sport: MENS TENNIS

Reason for Leaving:

Graduation  Transfer  Completed eligibility  Other (explain)

Non-UNF email:

Phone Number:

1. Rate your athletic experience at North Florida:

Below Average  Average  Good  Very Good  Excellent

2. If you were being recruited from high school today, would you choose North Florida again?

Yes  No

Why or why not?

→ Really good tennis program and everyone cares about the sport. Great location. Decent academics.

3. Would you encourage other student-athletes to attend North Florida?

Yes  No

4. Were your experiences in athletics what you expected them to be?

Yes  No

5. Were your coaches available to you when you needed them?

Yes  No   
B. Why or why not?

C. If you are not in favor of any restrictions, please indicate why:

12. Did your coaches abide by NCAA countable hour limitations and required days off?

Yes  No

If No, please explain.

13. In general, how did your coaches treat you as an individual?

Poor  Fair  Adequate  Good  Excellent

14. How much have your athletic skills improved?

Not at all  A little Somewhat  Great deal

15. Were you informed of NCAA, Atlantic Sun Conference and institutional regulations in the following areas:

A. Ethical conduct	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
B. Amateurism	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
C. Financial Aid	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
D. Employment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
E. Academic standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
F. Summer school	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
G. Eligibility standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
H. Banned Drugs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
I. Recruitment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
J. Complimentary admissions	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
K. Non-permissible benefits	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
L. Involvement with Boosters	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
M. Serving as student host	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

22. How would you rate the responsiveness of institutional offices (financial aid, registrar, faculty) to your needs?

Poor  Fair  Adequate  Good  Excellent

23. Were you informed about Academic Support programs offered (study hall, tutors, ACE, advising, etc.)?

Yes  No

24. How well did the advising programs serve your needs?

Poor  Fair  Adequate  Good  Excellent

25. Did you take advantage of the Academic Support programs?

Yes  No

A. If not, why didn't you use the Academic Support programs?

B. If you did, how well did the Academic Support programs serve your needs?

Poor  Fair  Adequate  Good  Excellent

26. How would you rate the Advisors you met?

Poor  Fair  Adequate  Good  Excellent

27. How would you rate the support of your sport in these areas?

(1-Poor; 2-Fair; 3-Adequate; 4-Good, 5-Excellent)

A. Athletic administration	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
B. Athletic training	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
C. Marketing/promotions	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
D. Media Relations	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
E. Strength & Conditioning	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
F. Travel/lodging/meals	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
G. Equipment	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>

*So Cornell were great; Best secret like he didn't care as much*



## North Florida Student-Athlete Exit Interview Questionnaire

The information requested in this questionnaire will be used by the Department of Athletics to improve the experience of future student-athletes at North Florida. Please answer the following questions honestly and accurately. Keep in mind that all provided information is confidential.

Name:

Sport: *Mens Tennis*

Reason for Leaving:

Graduation  Transfer  Completed eligibility  Other (explain)

Non-UNF email:

Phone Number:



1. Rate your athletic experience at North Florida:

Below Average  Average  Good  Very Good  Excellent

2. If you were being recruited from high school today, would you choose North Florida again?

Yes  No

Why or why not?

*I liked the overall experience - great fit*

3. Would you encourage other student-athletes to attend North Florida?

Yes  No

4. Were your experiences in athletics what you expected them to be?

Yes  No

5. Were your coaches available to you when you needed them?



Yes  No

6. Did your head coach operate his/her program with honesty and integrity?

Yes  No

7. What do you believe were the strengths of the coaching staff?

Tennis and recruiting

8. In what areas, if any, do you feel the coaching staff needs to improve?

some personal skills. How to deal with characters better.  
different personalities; & different guys

9. Were you subject to coaching techniques that involved the following?

a. Physical abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	<del>Never</del>
b. Verbal abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	<del>Never</del>
c. Mental abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	<del>Never</del>

10. Do you believe that your coaches were sensitive to the demands placed on your time while you were a student-athlete?

Yes  No  Please explain if necessary:

How do you recommend they improve in this area?

11. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically related activities with you?

Yes  No

A. If yes, do you believe that a maximum of four hours per day and twenty hours per week is reasonable?

Yes

Yes  No   
B. Why or why not?

*Has a lot of time to improve in your sport but you're still able to study.*

C. If you are not in favor of any restrictions, please indicate why: \_\_\_\_\_

12. Did your coaches abide by NCAA countable hour limitations and required days off?

Yes  No

If No, please explain.

13. In general, how did your coaches treat you as an individual?

Poor  Fair  Adequate  Good  Excellent

14. How much have your athletic skills improved?

Not at all  A little Somewhat  Great deal

15. Were you informed of NCAA, Atlantic Sun Conference and institutional regulations in the following areas:

A. Ethical conduct	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
B. Amateurism	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
C. Financial Aid	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
D. Employment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
E. Academic standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
F. Summer school	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
G. Eligibility standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
H. Banned Drugs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
I. Recruitment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
J. Complimentary admissions	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
K. Non-permissible benefits	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
L. Involvement with Boosters	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
M. Serving as student host	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

N. Practice Time Limits

Yes  No

16. To the best of your knowledge, did your coaches fully abide by these regulations?

Yes  No

If no, what were the circumstances?

17. Who was your primary contact when you had questions about regulations?

North Florida Coaches   
North Florida Athletic Administration   
North Florida Teammates   
Other, Please Specify

18. Would you have liked to receive more information on the regulations?

Yes  No

If yes, in what area?

19. Were you drug tested while at North Florida?

Yes  No

20. How would you rate the effectiveness of the drug testing program?

Poor  Fair  Adequate  Good  Excellent

21. Do you have any knowledge of any extra benefits or other rules violations?

Yes  No

If yes, please explain.

22. How would you rate the responsiveness of institutional offices (financial aid, registrar, faculty) to your needs?

Poor  Fair  Adequate  Good  Excellent

23. Were you informed about Academic Support programs offered (study hall, tutors, ACE, advising, etc.)?

Yes  No

24. How well did the advising programs serve your needs?

Poor  Fair  Adequate  Good  Excellent

25. Did you take advantage of the Academic Support programs?

Yes  No

A. If not, why didn't you use the Academic Support programs?

*I did not need it*

B. If you did, how well did the Academic Support programs serve your needs?

Poor  Fair  Adequate  Good  Excellent

26. How would you rate the Advisors you met?

Poor  Fair  Adequate  Good  Excellent

27. How would you rate the support of your sport in these areas?

(1-Poor; 2-Fair; 3-Adequate; 4-Good, 5-Excellent)

A. Athletic administration	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
B. Athletic training	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
C. Marketing/promotions	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
D. Media Relations	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
E. Strength & Conditioning	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
F. Travel/lodging/meals	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
G. Equipment	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>

*Connor was great!  
No chemistry w/ Bert*

28. If you had a substance abuse or personal problem, who would you have turned to for help? (check all that apply)

- Head coach   
Assistant coach   
Athletic trainer   
Fellow student-athlete   
Academic advisor   
Athletic department staff member   
Professor   
Counseling Center   
Other; Please specify

29. Do you believe that all sports are treated equitably at North Florida?

Yes  No

Please explain.

*As much as it is possible*

30. What changes, if any, would you propose be made in North Florida's intercollegiate athletics program?

*continue the path - i liked it a lot*

31. What are the most valuable experiences that participation in North Florida athletics gave you?

- relationships*
- athletic improvements*
- fun and growth*

32. Do you have a feeling that as you become successful in your professional career that you will contribute back to UNF athletics?

*Yes*

*Training Staff*



### North Florida Student-Athlete Exit Interview Questionnaire

The information requested in this questionnaire will be used by the Department of Athletics to improve the experience of future student-athletes at North Florida. Please answer the following questions honestly and accurately. Keep in mind that all provided information is confidential.

Name: \_\_\_\_\_ Sport: *Track and field*

Reason for Leaving:

Graduation  Transfer  Completed eligibility  Other (explain)

Non-UNF email:

Phone Number:

1. Rate your athletic experience at North Florida:

Below Average  Average  Good  Very Good  Excellent

2. If you were being recruited from high school today, would you choose North Florida again?

Yes  No

Why or why not?

*Had a great experience here.*

3. Would you encourage other student-athletes to attend North Florida?

Yes  No

4. Were your experiences in athletics what you expected them to be?

Yes  No

5. Were your coaches available to you when you needed them?

*Yes they were.*

Yes  No

6. Did your head coach operate his/her program with honesty and integrity?

Yes  No

7. What do you believe were the strengths of the coaching staff?

*The strength was coach Krupa*

8. In what areas, if any, do you feel the coaching staff needs to improve?

*There isn't. The coaching staff here was great and couldn't be complained.*

9. Were you subject to coaching techniques that involved the following?

a. Physical abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
b. Verbal abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
c. Mental abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never

10. Do you believe that your coaches were sensitive to the demands placed on your time while you were a student-athlete?

Yes  No  Please explain if necessary:

How do you recommend they improve in this area?

11. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically related activities with you?

Yes  No

A. If yes, do you believe that a maximum of four hours per day and twenty hours per week is reasonable?

*Yes I think it was reasonable.*

Yes  No   
B. Why or why not?

C. If you are not in favor of any restrictions, please indicate why:

12. Did your coaches abide by NCAA countable hour limitations and required days off?

Yes  No

If No, please explain.

13. In general, how did your coaches treat you as an individual?

Poor  Fair  Adequate  Good  Excellent

14. How much have your athletic skills improved?

Not at all  A little Somewhat  Great deal

15. Were you informed of NCAA, Atlantic Sun Conference and institutional regulations in the following areas:

A. Ethical conduct	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
B. Amateurism	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
C. Financial Aid	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
D. Employment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
E. Academic standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
F. Summer school	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
G. Eligibility standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
H. Banned Drugs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
I. Recruitment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
J. Complimentary admissions	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
K. Non-permissible benefits	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
L. Involvement with Boosters	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
M. Serving as student host	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>



N. Practice Time Limits

Yes  No

16. To the best of your knowledge, did your coaches fully abide by these regulations?

Yes  No

If no, what were the circumstances?

17. Who was your primary contact when you had questions about regulations?

North Florida Coaches   
North Florida Athletic Administration   
North Florida Teammates   
Other, Please Specify

18. Would you have liked to receive more information on the regulations?

Yes  No

If yes, in what area?

19. Were you drug tested while at North Florida?

Yes  No

20. How would you rate the effectiveness of the drug testing program?

Poor  Fair  Adequate  Good  Excellent

21. Do you have any knowledge of any extra benefits or other rules violations?

Yes  No

If yes, please explain.

22. How would you rate the responsiveness of institutional offices (financial aid, registrar, faculty) to your needs?

Poor  Fair  Adequate  Good  Excellent

23. Were you informed about Academic Support programs offered (study hall, tutors, ACE, advising, etc.)?

Yes  No

24. How well did the advising programs serve your needs?

Poor  Fair  Adequate  Good  Excellent

25. Did you take advantage of the Academic Support programs?

Yes  No

A. If not, why didn't you use the Academic Support programs?

B. If you did, how well did the Academic Support programs serve your needs?

Poor  Fair  Adequate  Good  Excellent

26. How would you rate the Advisors you met?

Poor  Fair  Adequate  Good  Excellent

27. How would you rate the support of your sport in these areas?

(1-Poor; 2-Fair; 3-Adequate; 4-Good, 5-Excellent)

A. Athletic administration	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
B. Athletic training	1	<input type="checkbox"/>	2	<input checked="" type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
C. Marketing/promotions	1	<input type="checkbox"/>	2	<input checked="" type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
D. Media Relations	1	<input type="checkbox"/>	2	<input checked="" type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
E. Strength & Conditioning	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
F. Travel/lodging/meals	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
G. Equipment	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>

28. If you had a substance abuse or personal problem, who would you have turned to for help? (check all that apply)

- Head coach
- Assistant coach
- Athletic trainer
- Fellow student-athlete
- Academic advisor
- Athletic department staff member
- Professor
- Counseling Center
- Other; Please specify

29. Do you believe that all sports are treated equitably at North Florida?

Yes  No

Please explain.

*I believe men's Basketball is treated different than the rest of the teams at UNF.*

30. What changes, if any, would you propose be made in North Florida's intercollegiate athletics program?

*I wouldn't emphasize men's Basketball or treat them any different than any other team.*

31. What are the most valuable experiences that participation in North Florida athletics gave you?

*Going to the Olympic trials.*

32. Do you have a feeling that as you become successful in your professional career that you will contribute back to UNF athletics?

*Yes I will. It gave me a great experience.*

28. If you had a substance abuse or personal problem, who would you have turned to for help? (check all that apply)

- Head coach
- Assistant coach
- Athletic trainer
- Fellow student-athlete
- Academic advisor
- Athletic department staff member
- Professor
- Counseling Center
- Other; Please specify

29. Do you believe that all sports are treated equitably at North Florida?

Yes  No

Please explain.

*I believe men's Basketball is treated different than the rest of the teams at UNF.*

30. What changes, if any, would you propose be made in North Florida's intercollegiate athletics program?

*I wouldn't emphasize men's Basketball or treat them any different than any other teams.*

31. What are the most valuable experiences that participation in North Florida athletics gave you?

*Going to the Olympic trials.*

32. Do you have a feeling that as you become successful in your professional career that you will contribute back to UNF athletics?

*Yes I will. It gave me a great experience.*



## North Florida Student-Athlete Exit Interview Questionnaire

The information requested in this questionnaire will be used by the Department of Athletics to improve the experience of future student-athletes at North Florida. Please answer the following questions honestly and accurately. Keep in mind that all provided information is confidential.

Name:

Sport: *T&F*

Reason for Leaving: *Graduation*

Graduation  Transfer  Completed eligibility  Other (explain)

Non-UNF email:

Phone Number:

1. Rate your athletic experience at North Florida:

Below Average  Average  Good  Very Good  Excellent

2. If you were being recruited from high school today, would you choose North Florida again?

Yes  No

Why or why not?

*Mayport, Engineering & track all in the same city*

3. Would you encourage other student-athletes to attend North Florida?

Yes  No

4. Were your experiences in athletics what you expected them to be?

Yes  No

5. Were your coaches available to you when you needed them?

*yes*

Yes  No

6. Did your head coach operate his/her program with honesty and integrity?

Yes  No

7. What do you believe were the strengths of the coaching staff?

*Knowledge and Flexibility*

8. In what areas, if any, do you feel the coaching staff needs to improve?

9. Were you subject to coaching techniques that involved the following?

a. Physical abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
b. Verbal abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
c. Mental abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never

10. Do you believe that your coaches were sensitive to the demands placed on your time while you were a student-athlete?

Yes  No  Please explain if necessary:

How do you recommend they improve in this area?

11. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically related activities with you?

Yes  No

A. If yes, do you believe that a maximum of four hours per day and twenty hours per week is reasonable? *yes*

Yes  No   
 B. Why or why not?

C. If you are not in favor of any restrictions, please indicate why:

12. Did your coaches abide by NCAA countable hour limitations and required days off?

Yes  No

If No, please explain.

13. In general, how did your coaches treat you as an individual?

Poor  Fair  Adequate  Good  Excellent

14. How much have your athletic skills improved?

Not at all  A little Somewhat  Great deal

15. Were you informed of NCAA, Atlantic Sun Conference and institutional regulations in the following areas:

A. Ethical conduct	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
B. Amateurism	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
C. Financial Aid	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
D. Employment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
E. Academic standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
F. Summer school	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
G. Eligibility standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
H. Banned Drugs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
I. Recruitment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
J. Complimentary admissions	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
K. Non-permissible benefits	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
L. Involvement with Boosters	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
M. Serving as student host	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

N. Practice Time Limits

Yes  No

16. To the best of your knowledge, did your coaches fully abide by these regulations?

Yes  No

If no, what were the circumstances?

17. Who was your primary contact when you had questions about regulations?

North Florida Coaches   
North Florida Athletic Administration   
North Florida Teammates   
Other, Please Specify

18. Would you have liked to receive more information on the regulations?

Yes  No

If yes, in what area?

19. Were you drug tested while at North Florida?

Yes  No

20. How would you rate the effectiveness of the drug testing program?

Poor  Fair  Adequate  Good  Excellent

21. Do you have any knowledge of any extra benefits or other rules violations?

Yes  No

If yes, please explain.



22. How would you rate the responsiveness of institutional offices (financial aid, registrar, faculty) to your needs?

Poor  Fair  Adequate  Good  Excellent

23. Were you informed about Academic Support programs offered (study hall, tutors, ACE, advising, etc.)?

Yes  No

24. How well did the advising programs serve your needs?

Poor  Fair  Adequate  Good  Excellent

25. Did you take advantage of the Academic Support programs?

Yes  No

A. If not, why didn't you use the Academic Support programs?

*I had a lot of time restrictions*

B. If you did, how well did the Academic Support programs serve your needs?

Poor  Fair  Adequate  Good  Excellent

26. How would you rate the Advisors you met?

Poor  Fair  Adequate  Good  Excellent

27. How would you rate the support of your sport in these areas?

(1-Poor; 2-Fair; 3-Adequate; 4-Good, 5-Excellent)

A. Athletic administration	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
B. Athletic training	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
C. Marketing/promotions	1	<input type="checkbox"/>	2	<input checked="" type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
D. Media Relations	1	<input checked="" type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
E. Strength & Conditioning	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
F. Travel/lodging/meals	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
G. Equipment	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>

28. If you had a substance abuse or personal problem, who would you have turned to for help? (check all that apply)

- Head coach
- Assistant coach
- Athletic trainer
- Fellow student-athlete
- Academic advisor
- Athletic department staff member
- Professor
- Counseling Center
- Other; Please specify

29. Do you believe that all sports are treated equitably at North Florida?

Yes  No

Please explain.

High profile sports generally receive the most funding & attention.

30. What changes, if any, would you propose be made in North Florida's intercollegiate athletics program?

31. What are the most valuable experiences that participation in North Florida athletics gave you?

Time management, high level of fitness, & continued workout lifestyle

32. Do you have a feeling that as you become successful in your professional career that you will contribute back to UNF athletics?

I'm not sure, possibly