

# Applied Cognition and Neuroscience Exit Interview Form

(A copy of the Official ACN Degree Plan must be attached to this Interview Form)  
(Submit this form one semester before the semester of graduation)

1. Student ID Number \_\_\_\_\_

_____ <b>Name</b>	_____ <b>Today's Date</b>
_____ <b>Specialization Area</b>	_____ <b>Expected Graduation Date</b>

_____ <b>Current Home Address</b>	
_____ <b>Current Home Phone Number</b>	_____ <b>Current Home Email</b>

_____ <b>Future Home Address</b>	
_____ <b>Future Home Phone Number</b>	_____ <b>Future Home Email</b>

_____ <b>Future Job Position Title</b>	<b>Start Date:</b> _____
_____ <b>Future Work Address</b>	
_____ <b>Future Work Phone Number</b>	_____ <b>Future Work Email</b>

2. Are you currently enrolled as an ACN Masters student? \_\_\_\_\_
3. Are you currently enrolled as an HCS Doctoral student? \_\_\_\_\_
4. Are you a recipient of the "ACN Scholarship Award?" \_\_\_\_\_
5. Rate the overall quality of education received as an ACN student on a scale of 1 to 4  
(1 = poor quality education; 2 = acceptable quality education; 3 = good quality education; 4 = excellent quality education): \_\_\_\_\_
6. Rate the overall "breadth" of education received as an ACN student on a scale of 1 to 3  
(1 = very narrow and very focused; 2 = neither too narrow or too broad; 3 = very broad and very multidisciplinary). \_\_\_\_\_
7. Rate the overall "depth" of education received as an ACN student on a scale of 1 to 3  
(1 = very narrow and very focused; 2 = neither too narrow or too broad; 3 = very broad and very multidisciplinary). \_\_\_\_\_
8. Did the ACN program improve your knowledge of neuroscience and/or cognitive psychology? (yes or no) \_\_\_\_\_

9. Did the ACN program improve your ability to apply cognitive psychology and/or neuroscience research methods to problems of research design, data analysis, and interpretation ? (yes or no) \_\_\_\_\_
10. Did the ACN program improve your ability to apply cognitive psychology and/or neuroscience principles and findings to applied problems? (yes or no) \_\_\_\_\_
11. Has the ACN program been helpful in assisting you in achieving your post- graduate objectives (yes or no)? \_\_\_\_\_
12. Does the School of Behavioral and Brain Sciences have permission to identify you by name and place some information you have included on this questionnaire on the web for the purpose of promoting the ACN Program? \_\_\_\_\_
13. Specify your post-ACN graduate career objectives. If the ACN program has been helpful in achieving these objectives, explain why (e.g., coursework, internship experiences, etc.). If it has not been helpful, explain why. Give your answer in 4-8 sentences. Students currently enrolled as doctoral students should state their post-doctoral career objectives.
14. Please describe your ACN internship and/or research experiences in this program by giving a brief 4-8 sentence summary of these experiences and discussing in additional 2-8 sentences how these experiences have assisted you in achieving your post-ACN graduate career objectives. Students currently enrolled as doctoral students should briefly describe their research work.

Signature: \_\_\_\_\_

Student Name (Printed): \_\_\_\_\_