California State University, Long Beach
Center for International Education

Exit Interview Form

Name: _____ Date: _____
Family Name First/Given Name Middle Name

Student ID: _____

Email: _____

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Current U.S. Address: _____

_____

_____
City State Zip Code

Phone: _____

Until when will you be at this address? _____

****

Permanent Home Address: _____

_____

_____
City State/Province Postal Code

Country: _____

Phone: _____ Email: _____

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Reason For Leaving CSULB (please check all that apply)

____ Transfer (please be sure to complete a Transfer Request Form)
____ Completed Degree (please circle: BS BA MS MA MBA Other _____) Major _____
____ Returning Home (be sure to request enough copies of your official transcript from the Office of Enrollment Services)
____ Optional Practical Training. **Please mail or fax (562-985-1725) a copy of your Employment Authorization Document to CIE**
____ Other: _____

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