Project Exit Survey

Name

Project Number

Faculty Partner

Current Student (if applicable)

University Attending

Degree Seeking MS ☐ PhD ☐

Area of Concentration/Major

Expected Date of Graduation

Graduated (Please provide information even if not funded under DAGSI)

MS Degree Received

MS Date of Graduation

MS Area of Concentration/Major

PhD Degree Received

PhD Date of Graduation

PhD Area of Concentration/Major

Current/Future Employer (if known)

Employer Name/Title

City, State, Located

Best email to contact you in the future

Please take a moment to tell us what the value of the DAGSI program was to you

Please take a moment to tell us how we might improve the process or service of DAGSI

Please provide any information you have concerning patents or invention disclosures related to the research you did on your DAGSI project

We kindly request that upon graduation, per your grant agreement with SOCHE, that you send us a copy of your Dissertation.

(Please return survey to sandy.henry@soche.org)

DAGSI is a program of the
Strategic Ohio Council for Higher Education (SOCHE)
2750-B Indian Ripple Road #225; Beavercreek, Ohio 45440
(937) 258-8890, soche@soche.org