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 **STUDENT EXIT INTERVIEW FORM**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Intended place of Residency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRE-MEDICINE**

Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Credits: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| Eligibility for BMSC (Basic Medical Sciences Certificate) | Yes | No |

**SUBJECTS TAKEN IN PRE-MEDICINE:**

|  |  |  |
| --- | --- | --- |
| Biology – 1 | Yes | No |
| Biology – 2 | Yes | No |
| Chemistry – 1 | Yes | No |
| Chemistry – 2 | Yes | No |
| Organic Chemistry | Yes | No |
| Inorganic Chemistry | Yes | No |
| Physics – 1 | Yes | No |
| Physics – 2 | Yes | No |
| Cell Biology | Yes | No |
| Medical Terminology | Yes | No |
| Molecular Biology | Yes | No |
| Genetics | Yes | No |
| Basic Human Anatomy | Yes | No |
| Basic Bio Chemistry | Yes | No |
| Basic Physiology | Yes | No |
| Introductory Microbiology | Yes | No |
| Immunology | Yes | No |
| Introduction to Path-Physiology | Yes | No |
| Basic Behavioral Sciences | Yes | No |
| English – 1 | Yes | No |
| English – 2 | Yes | No |
| Introduction to Statistics | Yes | No |

**BASIC MEDICAL SCIENCES:**

|  |  |  |
| --- | --- | --- |
| Bio Chemistry | Yes | No |
| Physiology – 1 | Yes | No |
| Physiology – 2 | Yes | No |
| Anatomy – 1 | Yes | No |
| Anatomy – 2 | Yes | No |
| Molecular Biology | Yes | No |
| Neurosciences | Yes | No |
| Histology | Yes | No |
| Embryology | Yes | No |
| Behavioral Sciences | Yes | No |
| Community Medicine & Epidemiology | Yes | No |
| Pharmacology | Yes | No |
| Microbiology | Yes | No |
| Pathology – 1 | Yes | No |
| Pathology – 2 | Yes | No |
| History Taking Skills  | Yes | No |
| Physical Diagnosis | Yes | No |
| Introduction to Clinical Medicine | Yes | No |
| USMLE Board Review Course | Yes | No |
| Physician and Global Society | Yes | No |

**CLINICAL MEDICAL SCIENCES:**

Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transfer Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Credits obtained: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CORE CLERKSHIPS:**

|  |  |  |
| --- | --- | --- |
| Internal Medicine | 12 Weeks  |  |
| General Surgery | 12 Weeks  |  |
| Pediatrics | 6 Weeks  |  |
| Ob/Gyn | 6 Weeks  |  |
| Psychiatry | 6 Weeks  |  |
| Family Medicine | 6 Weeks |  |

**MD6 - MD10:**

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| Please list the name of the Clerkship and number of weeks completed. Clinical Rotations evaluation submitted for Core Clerkship – 48 weeks.Electives and selectives 24 weeks/ Total MD6 - MD10 - 72 weeks

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| --- |
| **Elective Rotation Name:** |
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| **Selectives:** |
| Community Medicine / Public Health |
| Preventative Medicine / Nutrition / Genetics  |
| Research |

 | Yes

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| **2-3 Weeks** |
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|  **4 Weeks** |
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| USMLE Step One | Score -  |  |
| USMLE Step Two | Score -  |  |
| Clinical Case reports submitted/per core rotations | Yes | No |
| Clinical Core Exams | Passed | Failed |
| Clinical Log Set Scores  |  |  |
| Graduation Fees Submitted | Yes | No |
| No Dues clearance from campus in St. Kitts submitted | Yes | No |
| No Dues clearance from Royal Medical & Technical Consultants (USA Information office)  | Yes | No |
| No Dues clearance from Royal USMLE center submitted | Yes | No |
| No Dues certificate from Library and Computer Tax | Yes | No |
| No Dues certificate from Housing coordinator | Yes | No |

**Windsor Transcript**

**Pass with High Honours: PWHH**

**Pass with Honours: PWH**

**Pass: P**

**1.    What have been the *strengths* of your medical education so far?**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **2.    What have been *weaknesses* in your medical education so far?**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **3.    What were the *opportunities for improvement* that would most dramatically enhance the quality of the medical education experience for you and for future students? In other words, what are areas of “untapped potential” that WUSM should work to enhance in the future?**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **4.    What are the *threats to the quality* of medical education that need to be addressed so WUSM (and medicine as a career option) remains attractive to college students making decisions about professional careers?**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **5.   Residency program that you have had an acceptance offer:**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ student of Windsor University School of Medicine and resident of (permanent address)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Am submitting this Exit Interview form as part of graduation requirement from Windsor University School of Medicine. I am providing all the information to the best of my knowledge. I request Windsor University School of Medicine to grant me the Transcript of Academic Record, Degree / Diploma as I have fulfilled all the requirements as mentioned above.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University Name: Windsor University School of Medicine Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the academic official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Updated Spring 2017