

Chabot College  
Extended Opportunity Programs and Services  
Cooperative Agencies Resources for Education

**EXIT EVALUATION**

Student's Name _____ W#: _____ Last First
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**EOPS PARTICIPATION**

(Circle the semester began and ended participation in EOPS for each year applicable)

Fall Spring 20\_\_\_\_ through Fall Spring 20\_\_\_\_

Fall Spring 20\_\_\_\_ through Fall Spring 20\_\_\_\_

Fall Spring 20\_\_\_\_ through Fall Spring 20\_\_\_\_

**REASON(S) FOR LEAVING EOPS**

Transferring to a four-year college/university: \_\_\_\_\_  
Name of Institution/Location (City & State)

Transferring to another community college: \_\_\_\_\_  
Name of Institution/Location (City & State)

Completing: ( ) A.A. Degree ( ) A.S. Degree ( ) Certificate Program

Accepting Employment: \_\_\_\_\_  
Name of Firm/Location (City & State)

Withdrawing from college: (Check all that apply)  
( ) Academic Difficulties (Specify): ( ) Dismissed ( ) Academic Probation ( ) Progress Probation  
( ) Childcare Difficulties ( ) Financial Difficulties ( ) Family Needs ( ) Employment Conflict  
( ) Health Problems (family or self) ( ) Other (specify): \_\_\_\_\_

Discontinuing Voluntarily EOPS Sponsorship: (Please indicate reason(s) why)  
\_\_\_\_\_  
\_\_\_\_\_

No Longer Eligible for Program Sponsorship: (Check all that apply)  
( ) Complete 70 degree applicable units ( ) Completed 6 consecutive semesters  
( ) Other (Specify): \_\_\_\_\_

<b>OFFICE USE ONLY</b> Term/year terminated from EOPS: ____/____/____ EOPS Staff Initials/Date: _____/____/____
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