

WICHE EXIT SURVEY

Thank you for completing your obligation with the State of Nevada WICHE. Please complete and return this form to the address at the bottom. If you are unable to provide all of your responses in the limited space provided, please continue on the back side of this form or attach an additional sheet.

Name: _____
Street Address: _____ Telephone #: _____
City: _____ State: _____ Zip: _____
Field: _____ Professional School : _____ Graduation Year: _____
Email: _____

Are you currently licensed in Nevada? YES NO
If no, are you currently licensed in another state? YES NO
Date of most current professional license: _____

Current Employer: _____
Address: _____ Telephone #: _____
City: _____ State: _____ Zip: _____

Do you intend to work in the state of Nevada now that your WICHE obligation has been fulfilled?
 YES NO—I will be working/residing in _____, _____
(City) (State)

The goal of WICHE is to allow students to have access to professional education and to return qualified professional to the communities in the state. Please assess if we did or did not meet this goal with you and provide any suggestions as to how to more readily meet this goal.

Was WICHE timely in responding to your questions and needs? If possible, please provide examples.

We appreciate any additional comments or suggestions:

May we use your comments above to share with members of the public? YES NO

Signature _____ Date _____

***Thank you for your participation in the WICHE program.
We wish you the best in your future endeavors!***

***Nevada WICHE
100 N. Stewart St., Suite 220
Carson City, NV 89701***