

UNIVERSITY OF SOUTH CAROLINA

DEPARTMENT OF PSYCHOLOGY

EXITING DATA FORM

Please complete the area(s) which apply to you. Please return to Doris C. Davis, Graduate Secretary for the Graduate Psychology Programs.

Name: _____
 Last **First** **Middle**

Address: _____

City & State: _____

Phone Number: _____

Name of Job Placement & Address:

Degree Awarded: **MA** _____ **Ph.D.** _____

Please check term graduating: **Fall** _____, **Spring** _____, **Summer** _____

Date: _____ **Month:** _____ **Year:** _____

AND
INTERNSHIP PLACEMENT

Name: _____

Address: _____

City & State: _____