**Trust Management Minor Survey**

(To be completed by the participant at the end of each semester.)

Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How often did you meet with your mentor?
2. How did you spend most of your time?
3. Is the Trust Management field where you thought you would be?
4. Is your mentor currently working in the same career field in which you aspire to work?
5. What is your greatest challenge/opportunity and what has changed since you’ve been meeting with your mentor?
6. Have you and your mentor discussed your future plans and career opportunities upon completion of your degree?
7. What is your next step in your professional development?
8. What professional accomplishment are you most proud of?
9. Have you been offered an internship opportunity?

 If yes, please explain type, frequency, etc.

1. Please rate your overall experience while in this program from 1 least to 5 best. *(circle one)*

 1 2 3 4 5

*This program is being partially underwritten by the Delaware Economic Development Office. The information above will be used by the Delaware Economic Development Office to determine the effectiveness of the mentoring program.*

*Forms-WD/Forms/Application Processing /00Stage 2/Exitsurv 022017 Form 11*