



IN THE CIRCUIT COURT OF KANAWHA COUNTY, WEST VIRGINIA

IN RE: MOUNTAIN STATE UNIVERSITY LITIGATION Civil Action No. 12-C-9000

THIS DOCUMENT APPLIES TO ALL CASES

**ORDER APPROVING PROPOSED  
PLAINTIFF FACT SHEETS WITH AMENDMENTS**

Pursuant to Order of the Court on February 1, 2013, and as set forth in the "Order Memorializing The Court's Rulings During the February 1, 2013 Status Conference" (TID 49404466), Liaison Counsel for Plaintiffs and Liaison Counsel for Defendants e-filed and served proposed Fact Sheets for Nursing Students, CRNA Students, and Non-Nursing Students of Mountain State University on February 19, 2013. (TIDs 49631243 and 49632473).

The Court has reviewed the proposed Fact Sheets and, having conferred with one another to insure uniformity of their decisions as contemplated by West Virginia Trial Court Rule 26.07(a), the Court **ORDERS** the proposed Fact Sheets approved with amendment by the Court. The approved, amended Fact Sheets are attached to this Order as Exhibits A, B, and C.

The parties are reminded that all Fact Sheets shall be completed within one-hundred twenty (120) days of February 1, 2013.

It is so ORDERED.

ENTER: March 1, 2013

/s/ Alan D. Moats  
Lead Presiding Judge  
Mountain State University Litigation



# EXHIBIT A

IN THE CIRCUIT COURT OF KANAWHA COUNTY, WEST VIRGINIA

IN RE: MOUNTAIN STATE UNIVERSITY LITIGATION

Civil Action No. 12-C-9000

THIS DOCUMENT APPLIES TO:

PLAINTIFF: \_\_\_\_\_ Civil Action No. \_\_\_\_\_

MOUNTAIN STATE UNIVERSITY PLAINTIFF FACT SHEET – NURSING STUDENTS

**I. BIOGRAPHICAL INFORMATION**

Full Name: \_\_\_\_\_ Maiden: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Spouse: \_\_\_\_\_

Children: \_\_\_\_\_

(If under the age of 18, please list each child by initial only.)

**II. EMPLOYMENT INFORMATION**

Please list each employer in chronological order for the previous ten years. Please use the back of this form if necessary.

1. Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Current Salary: \_\_\_\_\_

2. Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

3. Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

PLAINTIFF: \_\_\_\_\_ Civil Action No.: \_\_\_\_\_

**III. COLLEGE EDUCATION BEFORE MSU**

COLLEGE /UNIVERSITY      WHEN      MAJOR      DEGREE      LOAN/FINANCING

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**IV. MSU NURSING PROGRAM**

How did you learn about MSU's Nursing Programs? \_\_\_\_\_  
What, if any, written materials did you review before applying to MSU's Nursing Program?

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Did you review MSU's website or its Nursing Program's website before applying or enrolling in MSU or the Nursing Program? YES NO

If so, which website(s) did you review? \_\_\_\_\_

When did you review each website? \_\_\_\_\_

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When did you apply to MSU? \_\_\_\_\_

When did you apply to MSU's Nursing Program? \_\_\_\_\_

When did you start or enroll at MSU? \_\_\_\_\_

When did you start or enroll in MSU's Nursing Program? \_\_\_\_\_

Describe any requirement you had to meet before entering MSU's Nursing Program?

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What MSU Nursing Program (i.e., pathway) were you enrolled in? \_\_\_\_\_

Did you graduate from MSU's Nursing Program? YES NO

If so, when did you graduate? \_\_\_\_\_

If you did not graduate from MSU's Nursing Program, when were you supposed to have graduated?

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How many semesters did you attend MSU's Nursing Program? \_\_\_\_\_

If you attended MSU's Nursing Program in a Cohort, please list the Cohort Location(s) and Cohort Number(s):

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Name(s) of MSU academic advisor(s): \_\_\_\_\_

PLAINTIFF: \_\_\_\_\_ Civil Action No.: \_\_\_\_\_

**V. MSU EXPENSES, SCHOLARSHIPS, TUITION AND FINANCING**

MSU Scholarship/Grant Received: \$ \_\_\_\_\_ Explain: \_\_\_\_\_

MSU Tuition Paid Each Semester: \$ \_\_\_\_\_ MSU Total Tuition Paid: \_\_\_\_\_

MSU Expenses/fee: Avg. Per Semester Total Throughout Time at MSU

Books \_\_\_\_\_

Room & Board \_\_\_\_\_

Gas/Travel Mileage \_\_\_\_\_

Uniform \_\_\_\_\_

Medical Supplies \_\_\_\_\_

Child Care \_\_\_\_\_

Other \_\_\_\_\_

Did you obtain financial aid to attend MSU? YES NO

List each source(s) of MSU financing: \_\_\_\_\_

Identify each loan you obtained to attend MSU Nursing Program

Lender Name and Address	Began	Initial Amnt	Interest	Balance Due	Status
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_____	__/__/__	\$ _____	__%	\$ _____	_____
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_____	__/__/__	\$ _____	__%	\$ _____	_____
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_____	__/__/__	\$ _____	__%	\$ _____	_____
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_____	__/__/__	\$ _____	__%	\$ _____	_____
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Total financed while attending MSU: \$ \_\_\_\_\_ Monthly payments required: \_\_\_\_\_

How many years of MSU were financed: \_\_\_\_\_

What is the total amount of financial aid you received while at MSU? \$ \_\_\_\_\_

What role, if any, did MSU play in assisting in obtaining your financing: \_\_\_\_\_

**VI. MSU CLINICAL EXPERIENCE**

Describe clinical experience while in MSU nursing program (e.g. name of faculty, doctor's office)

Required to drop out of a clinical setting: YES NO Why: \_\_\_\_\_

Refused clinical experience because of MSU accreditation: YES NO Why? \_\_\_\_\_

Who refused clinical experience? \_\_\_\_\_

**VII. TRANSFER OR ATTEMPT TO TRANSFER AFTER MSU**

Did you leave MSU prior to graduating? YES NO

When did you leave MSU? \_\_\_\_\_

When you left MSU, how many MSU credit hours did you have? \_\_\_\_\_

**PLAINTIFF:** \_\_\_\_\_ **Civil Action No.:** \_\_\_\_\_

When you left MSU, how many more credit hours did you need to earn your BSN degree from MSU?  
\_\_\_\_\_

If you transferred from MSU to another school, where did you transfer to? \_\_\_\_\_

When did you transfer to another school? \_\_\_\_\_

How many of your MSU credit hours transferred to this school? \_\_\_\_\_

How many more credit hours do you need from this school to obtain your degree or certificate?  
\_\_\_\_\_

Are you attending this school on a full-time basis? \_\_\_\_\_

What degree or certificate are you seeking at this school? \_\_\_\_\_

Are you currently enrolled at the school? YES NO

What year? (e.g. Junior, Senior, etc.) \_\_\_\_\_

How much does the school charge per credit hour or per semester to attend? \_\_\_\_\_

How much will or did it cost you in tuition and expenses to earn your degree or certificate from this school? \_\_\_\_\_

Have you earned a degree or certificate from this school? YES NO

If you have earned a degree or certificate, when did you earn that degree or certificate?  
\_\_\_\_\_

If you have not yet earned a degree or certificate, when do you expect to earn the degree or certificate? \_\_\_\_\_

If you left MSU before graduating, and if you have not transferred to or enrolled in another school, please describe what efforts, if any, you have made to either transfer or enroll into another school's nursing program.

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

Identify all of the nursing programs you attempted to transfer to or enroll in after leaving MSU

<u>Name</u>	<u>Address</u>	<u>Who Contacted</u>	<u>Accepted?</u>	<u>Hours Transferred</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PLAINTIFF: \_\_\_\_\_ Civil Action No.: \_\_\_\_\_

If you left MSU before graduating, and if you have not transferred or enrolled in another school, please state why?

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**VIII. LICENSE TESTING**

Taken the NCLEX-RN exam? YES NO

Date: \_\_\_\_\_ Result: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

Taken the ATI? YES NO

Date(s): \_\_\_\_\_ Result: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

Taken any other nursing certification examinations? YES NO

If yes, identify the nursing certification examination \_\_\_\_\_

Date: \_\_\_\_\_ Result: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

**IX. NURSING EMPLOYMENT ATTEMPTS AFTER MSU**

Potential Employer	Position/Title	Full or Part	Rate of Pay	Describe MSU Problem (if applicable)
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**X. EDUCATION POST-GRADUATION FROM MSU (OR ATTEMPTS)**

If you graduated from MSU's nursing program, have you either applied to or attempted to apply to any graduate schools? If so, please provide the following information:

<u>School</u>	<u>Admitted?</u>	<u>Major</u>	<u>Degree</u>	<u>MSU Credits Transferred?</u>
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Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## EXHIBIT B

IN THE CIRCUIT COURT OF KANAWHA COUNTY, WEST VIRGINIA

IN RE: MOUNTAIN STATE UNIVERSITY LITIGATION Civil Action No. 12-C-9000

THIS DOCUMENT APPLIES TO:

PLAINTIFF: \_\_\_\_\_ Civil Action No. \_\_\_\_\_

MOUNTAIN STATE UNIVERSITY PLAINTIFF FACT SHEET- CRNA STUDENTS

**BIOGRAPHICAL**

Full Name: \_\_\_\_\_ Maiden: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

DOB: \_\_\_\_\_

Spouse: \_\_\_\_\_

Children: \_\_\_\_\_

**EMPLOYMENT. Please list each employer in chronological order for the previous ten years. Please use the back of this form if necessary.**

1. Current Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Position: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Current Salary: \_\_\_\_\_
2. Current Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Position: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Current Salary: \_\_\_\_\_
3. Current Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Position: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Current Salary: \_\_\_\_\_

**COLLEGE EDUCATION BEFORE MSU**

COLLEGE / UNIVERSITY	WHEN	MAJOR	DEGREE	LOAN / FINANCING
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PLAINTIFF: \_\_\_\_\_ Civil Action No. \_\_\_\_\_

**MSU CRNA PROGRAM**

How did you learn about MSU's CRNA Program? \_\_\_\_\_

What, if any, written materials did you review before applying to MSU's CRNA Program?

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Please describe any verbal or written representations that were made to you about the CRNA Program and that you relied upon when deciding to enroll in MSU's CRNA Program. (Please use another sheet of paper if necessary):

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Please describe all representations that were made to you regarding where clinical sites would be located. For each representation, please identify who made the representation and when it was made:

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When you applied to MSU's CRNA Program, where did you reside?

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While you were attending MSU's CRNA Program, please identify where you resided. If your residence changed during your time in the CRNA Program, please identify when you changed your residence:

<u>Residence</u>	<u>Date</u>
_____	_____
_____	_____
_____	_____

PLAINTIFF: \_\_\_\_\_ Civil Action No. \_\_\_\_\_

When did you apply to MSU's CRNA Program? \_\_\_\_\_

When did you first enroll in MSU's CRNA Program? \_\_\_\_\_

Which Cohort(s) were you a member of in the CRNA Program? \_\_\_\_\_

Did you graduate from MSU's CRNA Program? **YES / NO**

If so, when did you graduate? \_\_\_\_\_

If you did not graduate from MSU's CRNA Program, when were you supposed to have graduated? \_\_\_\_\_

How many semesters did you attend MSU's CRNA Program? \_\_\_\_\_

Name(s) of MSU academic advisor(s): \_\_\_\_\_

**CLINICAL EXPERIENCE IN THE CRNA PROGRAM**

Please identify the names of the clinical sites that you attended while in the CRNA Program. For each site identified, please identify the location of the clinical site and when you were at the clinical site. (Please use another sheet of paper if necessary):

<u>Name of Clinical Site</u>	<u>Location of Clinical Site</u>	<u>Dates</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**MSU EXPENSES, SCHOLARSHIPS, TUITION AND FINANCING**

MSU Scholarship/Grant Received: \$ \_\_\_\_\_ Explain: \_\_\_\_\_

MSU Tuition Paid Each Semester: \$ \_\_\_\_\_ MSU Total Tuition Paid: \$ \_\_\_\_\_

<u>MSU Expenses/fee:</u>	<u>Avg. Per Semester</u>	<u>Total Throughout Time at MSU</u>
Books	_____	_____
Room & Board	_____	_____
Gas/Travel Mileage	_____	_____
Uniform	_____	_____
Medical Supplies	_____	_____
Child Care	_____	_____
Other	_____	_____

PLAINTIFF: \_\_\_\_\_ Civil Action No. \_\_\_\_\_

Did you obtain financial aid to attend MSU? **YES / NO**

List each source(s) of financing: \_\_\_\_\_

Identify each loan you obtained to attend MSU's CRNA Program

Lender Name and Address	Began	Initial Amount	Interest	Balance Due	Status
_____	__/__/__	\$ _____	____%	\$ _____	_____
_____	__/__/__	\$ _____	____%	\$ _____	_____
_____	__/__/__	\$ _____	____%	\$ _____	_____
_____	__/__/__	\$ _____	____%	\$ _____	_____
_____	__/__/__	\$ _____	____%	\$ _____	_____
_____	__/__/__	\$ _____	____%	\$ _____	_____
_____	__/__/__	\$ _____	____%	\$ _____	_____

Total financed while attending MSU: \_\_\_\_\_ Monthly payments required: \_\_\_\_\_

How many years of MSU were financed: \_\_\_\_\_

What is the total amount of financial aid you received while at MSU: \$ \_\_\_\_\_

What role, if any, did MSU play in assisting in obtaining your financing: \_\_\_\_\_

**TRANSFER OR ATTEMPT TO TRANSFER AFTER MSU**

Did you leave MSU's CRNA program prior to graduating? **YES / NO**

When did you leave MSU? \_\_\_\_\_

When you left MSU, how many MSU credit hours did you have? \_\_\_\_\_

When you left MSU, how many more credit hours did you need to earn your CRNA degree from MSU? \_\_\_\_\_

If you transferred from MSU to another school, where did you transfer to? \_\_\_\_\_

When did you transfer to another school? \_\_\_\_\_

How many of your MSU credit hours transferred to this school? \_\_\_\_\_

How many more credit hours do you need from this school to obtain your CRNA degree? \_\_\_\_\_

Are you attending this school on a full-time basis? \_\_\_\_\_

PLAINTIFF: \_\_\_\_\_ Civil Action No. \_\_\_\_\_

Are you currently enrolled at the school? **YES / NO**

How much does the school charge per credit hour or per semester to attend? \_\_\_\_\_

How much will or did it cost you in tuition and expenses to earn your degree or certificate from this school? \_\_\_\_\_

Have you earned a degree from this school? **YES / NO**

If you have earned a degree or certificate, when did you earn that degree?

\_\_\_\_\_

If you have not yet earned a degree, when do you expect to earn the degree?

\_\_\_\_\_

If you left MSU before graduating, and if you have not transferred to or enrolled in another school, please describe what efforts, if any, you have made to either transfer or enroll into another school's CRNA program.

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

Identify all of the CRNA programs you attempted to transfer to or enroll in after leaving MSU

<u>Name</u>	<u>Address</u>	<u>Who Contacted</u>	<u>Accepted?</u>	<u>Hours Transferred</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If you left MSU before graduating, and if you have not transferred or enrolled in another school, please state why?

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

### LICENSE TESTING

Have you taken the CRNA licensing exam? **YES / NO**

Date: \_\_\_\_\_ Result: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

PLAINTIFF: \_\_\_\_\_ Civil Action No. \_\_\_\_\_

If you did not pass the CRNA licensing exam on your first attempt, please identify each subsequent time you took the licensing exam and the result:

<u>Date</u>	<u>Result</u>
_____	_____
_____	_____
_____	_____
_____	_____

**EMPLOYMENT AND EMPLOYMENT ATTEMPTS AFTER MSU**

After you graduated from MSU’s CRNA Program, please provide the following information regarding any jobs that you applied for but did not receive.

Potential Employer	Position/ Title	Full or Part Time	Rate of Pay	Describe MSU Problem (If applicable)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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



# EXHIBIT C

IN THE CIRCUIT COURT OF KANAWHA COUNTY, WEST VIRGINIA

IN RE: MOUNTAIN STATE UNIVERSITY LITIGATION Civil Action No. 12-C-9000

THIS DOCUMENT APPLIES TO:

PLAINTIFF: \_\_\_\_\_ Civil Action No. \_\_\_\_\_

**MOUNTAIN STATE UNIVERSITY PLAINTIFF FACT SHEET**  
**NON-NURSING STUDENTS**

**BIOGRAPHICAL**

Full Name: \_\_\_\_\_ Maiden: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

DOB: \_\_\_\_\_

Spouse: \_\_\_\_\_

Children: \_\_\_\_\_

**EMPLOYMENT. Please list each employer in chronological order for the previous ten years. Please use the back of this form if necessary.**

1. Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Current Salary: \_\_\_\_\_

2. Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Current Salary: \_\_\_\_\_

3. Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Current Salary: \_\_\_\_\_

**COLLEGE EDUCATION BEFORE MSU (If applicable)**

COLLEGE / UNIVERSITY      WHEN      MAJOR      DEGREE      LOAN / FINANCING

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

PLAINTIFF: \_\_\_\_\_ Civil Action No. \_\_\_\_\_

**EDUCATION WITH MSU**

When did you apply to MSU? \_\_\_\_\_

When did you start or first enroll at MSU? \_\_\_\_\_

Did you review MSU's website before applying to or enrolling in MSU? **YES / NO**

If so, when did you review the website? \_\_\_\_\_

How many semesters did you attend at MSU? \_\_\_\_\_

When you first enrolled at MSU, what was your expected graduation date? \_\_\_\_\_

During your time at MSU, were you a full-time student, a part-time student or both? \_\_\_\_\_

If you were both a full-time student and a part-time student, please identify the times when you were a full-time student and the times when you were a part-time student:

<u>Dates</u>	<u>Full-Time or Part-Time</u>
_____	
_____	
_____	

During your time at MSU, what was your Major?

Major(s)  
\_\_\_\_\_  
\_\_\_\_\_

What degree were you seeking to obtain from MSU?

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

Did you graduate from MSU? **YES / NO**

If you graduated, what degree did you obtain? \_\_\_\_\_

If you did not graduate from MSU, why did you stop attending MSU?

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

PLAINTIFF: \_\_\_\_\_ Civil Action No. \_\_\_\_\_

At the time you stopped attending MSU, how many more semesters did you need in order to obtain your degree? \_\_\_\_\_

Name(s) of MSU academic advisor(s): \_\_\_\_\_

**MSU EXPENSES, SCHOLARSHIPS, TUITION AND FINANCING**

MSU Scholarship/Grant Received: \$ \_\_\_\_\_ Explain: \_\_\_\_\_

MSU Tuition Paid Each Semester: \$ \_\_\_\_\_ MSU Total Tuition Paid: \$ \_\_\_\_\_

MSU Expenses/fee:	<u>Avg. Per Semester</u>	<u>Total Throughout Time at MSU</u>
Books	_____	_____
Room & Board	_____	_____
Gas/Travel Mileage	_____	_____
Child Care	_____	_____
Other	_____	_____

Did you obtain financial aid to attend MSU? **YES / NO**

List each source(s) of MSU financing: \_\_\_\_\_

Identify each loan you obtained to attend MSU

Lender Name and Address	Began	Initial Amount	Interest	Balance Due	Status
_____	__/__/__	\$ _____	____%	\$ _____	_____
_____	__/__/__	\$ _____	____%	\$ _____	_____
_____	__/__/__	\$ _____	____%	\$ _____	_____
_____	__/__/__	\$ _____	____%	\$ _____	_____

Total financed while attending MSU: \_\_\_\_\_ Monthly payments required: \_\_\_\_\_

How many years of MSU were financed: \_\_\_\_\_

What is the total amount of financial aid you received while at MSU: \$ \_\_\_\_\_

What role, if any, did MSU play in assisting in obtaining your financing: \_\_\_\_\_

**TRANSFER OR ATTEMPT TO TRANSFER AFTER MSU**

Did you stop attending MSU prior to graduating? **YES / NO**

When did you stop attending MSU? \_\_\_\_\_

When you stopped attending MSU, how many MSU credit hours did you have? \_\_\_\_\_

**PLAINTIFF:** \_\_\_\_\_ **Civil Action No.** \_\_\_\_\_

When you stopped attending MSU, how many more credit hours did you need to earn your degree from MSU? \_\_\_\_\_

If you transferred from MSU to another school, where did you transfer to?  
\_\_\_\_\_

When did you transfer to another school? \_\_\_\_\_

How many of your MSU credit hours transferred to this school? \_\_\_\_\_

How many more credit hours do you need from this school to obtain your degree?  
\_\_\_\_\_

Are you attending this school on a full-time basis? \_\_\_\_\_

What degree are you seeking at this school? \_\_\_\_\_

Are you currently enrolled at the school? **YES / NO**

What year? (e.g. Junior, Senior, etc.) \_\_\_\_\_

How much does the school charge per credit hour or per semester to attend?  
\_\_\_\_\_

How much will or did it cost you in tuition and expenses to earn your degree from this school?  
\_\_\_\_\_

Have you earned a degree from this school? **YES / NO**

If you have earned a degree, when did you earn that degree?  
\_\_\_\_\_

If you have not yet earned a degree, when do you expect to earn the degree?  
\_\_\_\_\_

If you stopped attending MSU before graduating, and if you have not transferred to or enrolled in another school, please describe what efforts, if any, you have made to either transfer to or enroll into another school.

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

Identify all of the schools you attempted to transfer to or enroll in after leaving MSU:

<u>Name</u>	<u>Address</u>	<u>Who Contacted</u>	<u>Accepted?</u>	<u>Hours Transferred</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**PLAINTIFF:** \_\_\_\_\_ **Civil Action No.** \_\_\_\_\_

If you stopped attending MSU before graduating, and if you have not transferred to or enrolled in another school, please state why.

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**EMPLOYMENT ATTEMPTS AFTER MSU**

Potential Employer	Position/ Title	Full or Part Time	Rate of Pay	Describe MSU Problem (If applicable)
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**EDUCATION POST-GRADUATION FROM MSU (OR ATTEMPTS)**

If you graduated from MSU, have you either applied to or attempted to apply to any graduate schools? If so, please provide the following information:

<u>School</u>	<u>Admitted?</u>	<u>Major</u>	<u>Degree</u>	<u>MSU Credits Transferred?</u>
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Signature: \_\_\_\_\_ Date: \_\_\_\_\_