



Graduating Student Exit Survey

Graduation Date:

_____ 20____
Month Year

Social Security Number

0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

From which program are you graduating? (Please select only one)

<input type="checkbox"/> Accounting	<input type="checkbox"/> Early Childhood Associate: Special Education
<input type="checkbox"/> Air Cond., Heating & Refrigeration Technology	<input type="checkbox"/> Early Childhood Associate: Teacher Associate
<input type="checkbox"/> Associate In Arts	<input type="checkbox"/> Health Care Technology
<input type="checkbox"/> Associate Degree Nursing	<input type="checkbox"/> Health Unit Coordinator
<input type="checkbox"/> Associate in Fine Arts	<input type="checkbox"/> Human Services Technology
<input type="checkbox"/> Associate in General Education	<input type="checkbox"/> Human Services Technology: Mental Health Concentration
<input type="checkbox"/> Associate in Science	<input type="checkbox"/> Industrial Systems Technology
<input type="checkbox"/> Barbering	<input type="checkbox"/> Industrial Maintenance Technology
<input type="checkbox"/> Bio-Technology	<input type="checkbox"/> Lateral Entry
<input type="checkbox"/> Building Construction Technology	<input type="checkbox"/> Manicuring /Nail Technology
<input type="checkbox"/> Business Administration	<input type="checkbox"/> Medical Office Administration
<input type="checkbox"/> Computer Information Technology	<input type="checkbox"/> Office Administration
<input type="checkbox"/> Cosmetology	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Criminal Justice Technology	<input type="checkbox"/> Web Technologies
<input type="checkbox"/> Early Childhood Education	<input type="checkbox"/> Welding Technology

My goal(s) for attending R-CCC were: (Mark all that apply)

- Earning an associate degree, diploma, or certificate from R-CCC
- Preparing for/getting a new job
- Improving existing job skills
- Transferring to a four-year college/university
- Personal interest
- Other (please specify) _____

I accomplished my goal(s) for attending R-CCC: (Mark only one)

- Yes, completely
- Yes, partially
- No

If you did not accomplish your goal(s), which of the following best describes why you did not achieve your goal(s)? (Mark all that apply.)

- Job conflict
- New employment
- Financial hardship
- Family circumstances
- Joined the military
- Child care problems
- Medical problems
- Moved to a new area
- Lack of interest in pursuing course of study
- Dissatisfaction with the services offered by the College
- Dissatisfaction with the quality of instruction
- Other (please specify) _____

Please rate your satisfaction with the following factors and services:	Very Satisfied			Very Dissatisfied			Unknown
Quality of instruction in program area courses	5	4	3	2	1	0	0
Quality of instruction in other courses	5	4	3	2	1	0	0
Overall quality of academic program	5	4	3	2	1	0	0
Academic advising	5	4	3	2	1	0	0
Overall quality of Learning Resources Center	5	4	3	2	1	0	0
Registration	5	4	3	2	1	0	0
Admissions	5	4	3	2	1	0	0
Student activities	5	4	3	2	1	0	0
Campus security	5	4	3	2	1	0	0
Overall Quality of the College	5	4	3	2	1	0	0
Information about financial aid	5	4	3	2	1	0	0
Campus atmosphere	5	4	3	2	1	0	0

What are your plans after graduation?

- Continue education
- Move from area
- Accept employment
Name of employer: _____
Address: _____
- Other (Specify) _____

If you were to begin again (i.e., if you had to do it over again), would you choose to attend R-CCC?

- Yes
- No

Is this job related to the training you received at R-CCC?

- Yes
- No

If you have any recommendations or suggestions for improving the program you are completing, please write them on the back.