



STUDENT INFORMATION

Year you expect to graduate? _____ Semester you expect to graduate? Fall Spring Summer

Name _____ LOLA ID _____

Phone (____) _____ Permanent E-mail _____

What is your major or program of study? _____

Which campus did you attend? Abbeville Crowley Franklin Lafayette
 NEMSA Opelousas New Iberia St. Martinville Ville Platte

PROGRAM INFORMATION (Please rate the areas of training listed below)

	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
Overall satisfaction of academic/technical program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall satisfaction of instructor knowledge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of instruction in program courses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you are dissatisfied or very dissatisfied, please share your comments. _____

EMPLOYMENT STATUS (Please check your current employment status and salary)

- | | |
|---|--|
| <input type="checkbox"/> Employed full-time | <input type="checkbox"/> Less than \$24,999 |
| <input type="checkbox"/> Employed part-time | <input type="checkbox"/> \$25,000 - \$34,999 |
| <input type="checkbox"/> Full-time Armed Forces | <input type="checkbox"/> \$35,000 - \$49,999 |
| <input type="checkbox"/> Currently unemployed | <input type="checkbox"/> More than \$50,000 |
| <input type="checkbox"/> Not seeking employment | |

If you are currently working, please tell us about your job.

Is your job related to your major? Yes No

Employer _____ Job Title _____

JOB PLACEMENT INFORMATION

Did you utilize Career and Transfer/Job Placement Services? Yes No

If yes, please rate the services you received.	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
Resume or cover letter assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job search assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mock interview assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TRANSFER INFORMATION

Are you planning to transfer to a 4-year university? Yes No

If yes, where? _____ Major _____

Year you plan to transfer? _____ Semester you plan to transfer? Summer Fall Spring

Are you planning to re-enroll at SLCC? Yes No