OUTCOME SURVEY

This letter is being sent to you to request information in order to understand how the scholarship program is working. Please tell us how your courses helped you. This information will be used to improve the program.

PRINT LEGIBLY

Student Name: ____________________________________________________________

MC ID Number (if known): M2_____________________________________________

Student Address: __________________________________________________________

Course(s):

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<thead>
<tr>
<th>CRN#</th>
<th>Title of Course</th>
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When I started the program, my goals were to:

- Earn Certificate
- Gain Employment
- Change Career Path
- Enhance Skills
- Promotion Potential at Work
- Other, please explain: ________________________________

Please tell us how the program helped you with your goals:

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Signature of Student __________________________________ Date __________

Please mail this completed form in the enclosed Business Reply envelope to

Montgomery College, WD&CE
Attn: Career Path Scholarships, suite 446
12 South Summit Avenue
Gaithersburg, MD 20877