This is a confidential survey designed to help us evaluate our programs

Name ___________________________ Exit Date __________________________

Program ___________________________ School __________________________

Your Phone # ___________________________ Email address __________________________

Please indicate below all of the reasons why you are withdrawing from your current program at WCCC. **Check all that apply.** Please make additional comments in the space provided.

- [ ] Need classes to graduate
- [ ] Attendance
- [ ] Issues with instructors (Explain below)
- [ ] Trouble with other students in program (Explain below)
- [ ] Program is too difficult (Explain below)
- [ ] Program is not challenging enough (Explain below)
- [ ] Scheduling conflicts (Explain below)
- [ ] Transportation Issues
- [ ] Moving
- [ ] No longer interested in the program (Explain below)
- [ ] Transferred to another program:
  - [ ] Health related
  - [ ] Dropped out of school
  - [ ] Instructor recommendation
  - [ ] Early Graduation
  - [ ] Seeking employment
  - [ ] Pursuing GED
  - [ ] Taking Concurrent classes @ CMU or home high school
  - [ ] Other (Explain below)

Comments/Explanation

______________________________________________________________________

On scale from 1 to 5, with 1 being poor and 5 being excellent, how would you rate your experience in this program? ____________

Would you recommend this program to a friend?  [ ] Yes  [ ] No

How could we improve? ____________________________________________________________________

______________________________________________________________________