



Montgomery College
Workforce Development & Continuing Education
Career Path WD&CE Scholarship

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):

CRN#	Title of Course
_____	_____
_____	_____
_____	_____

When I started the program, my goals were to:

- | | |
|---------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Earn Certificate | <input type="checkbox"/> Enhance Skills |
| <input type="checkbox"/> Gain Employment | <input type="checkbox"/> Promotion Potential at Work |
| <input type="checkbox"/> Change Career Path | <input type="checkbox"/> 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