



COQUITLAM COLLEGE

Request for Certificate/Diploma/Degree

Date: _____ Student Number: _____ Birth Date: _____

Name: _____ First Semester: _____ Home Country: _____

Please take a moment to fill out the following questionnaire. Your answers will assist the College continue to provide high quality education to future students.

1. How helpful was the Associate of Arts Degree in developing the following skills?

PLEASE CHECK

- | | | | | | | |
|---------------------------------|--------------|--------------------------|---------|--------------------------|------------------|--------------------------|
| • Work Effectively with Others | Very Helpful | <input type="checkbox"/> | Helpful | <input type="checkbox"/> | Not Very Helpful | <input type="checkbox"/> |
| • Analyze and Think Critically | Very Helpful | <input type="checkbox"/> | Helpful | <input type="checkbox"/> | Not Very Helpful | <input type="checkbox"/> |
| • Resolve Issues or Problems | Very Helpful | <input type="checkbox"/> | Helpful | <input type="checkbox"/> | Not Very Helpful | <input type="checkbox"/> |
| • Learn on your Own | Very Helpful | <input type="checkbox"/> | Helpful | <input type="checkbox"/> | Not Very Helpful | <input type="checkbox"/> |
| • Write Clean and Concisely | Very Helpful | <input type="checkbox"/> | Helpful | <input type="checkbox"/> | Not Very Helpful | <input type="checkbox"/> |
| • Speak Effectively | Very Helpful | <input type="checkbox"/> | Helpful | <input type="checkbox"/> | Not Very Helpful | <input type="checkbox"/> |
| • Read and Comprehend Materials | Very Helpful | <input type="checkbox"/> | Helpful | <input type="checkbox"/> | Not Very Helpful | <input type="checkbox"/> |

2. What courses or general experience from the Associate of Arts Degree helped you the most?

COMMENT: _____

3. Were you satisfied with the education you received at Coquitlam College?

Very Satisfied **Satisfied** **Dissatisfied**

COMMENT: _____

4. How could the education in the program be improved?

Everything was fine/the program was good, no improvements needed

No Comment/don't know

COMMENT: _____

5. Have you continued to work where you were working while you studied at Coquitlam College?

6. **YES** **NO**

7. Where are you working? **PLEASE CHECK**

The Lower Mainland IN B.C. In Canada but not in B.C. Home Country

8. How did you find your job? **PLEASE CHECK**

Relatives Friends Employment Agency Other

9. Current Activity **PLEASE CHECK**

Neither Working or Studying Studying and Working Working Only Studying Only

10. Is your job related in any way to the Associate of Arts Degree? YES NO

COMMENT: _____

11. Did the Associate of Arts Degree help you get your job?
(other than getting you a three-year work permit) YES NO

COMMENT: _____

12. Will you return to an educational institution to further your learning?

13. If so, where and what kind of study? YES NO

COMMENT: _____

Thank you very much for your responses and we wish you luck on your next endeavor!
The information is confidential and will not be used unless you have given us permission.

Keep in touch with your fellow alumni and learn about upcoming alumni events by joining our Facebook page.

REQUEST (Please check one program)

ASSOCIATE OF ARTS DEGREE: SEMESTER GRADUATED: _____

CERTIFICATE IN ARTS:

CERTIFICATE IN BUSINESS:

CERTIFICATE IN SCIENCE:

CERTIFICATE IN COMPUTER SCIENCE:

DIPLOMA IN ARTS:

DIPLOMA IN BUSINESS:

ENGLISH STUDIES PROGRAM: LEVEL: _____

Please write the address you would like certificate mailed to. (No pickup option at this time.)

Address: _____

Once completed, please email this form to kmugridge@coquitlamcollege.com

OFFICE USE ONLY

Approved By: _____
Counsellor

Certificate/Diploma/Degree Granted as of _____