



## REQUEST FOR DEGREE

Date: \_\_\_\_\_ Student Number: \_\_\_\_\_ Birth Date (MM/DD/YEAR): \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Home Country: \_\_\_\_\_

First Semester (e.g. FALL 2022): \_\_\_\_\_ Personal Email: \_\_\_\_\_

*Stay connected with our alumni community and receive the latest news on exclusive events, newsletters, and more benefits.*

### QUESTIONNAIRE

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?

**YES**  **NO**

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

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

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

Relatives  Friends  Employment Agency  Other

8. Current Activity **PLEASE CHECK**

Neither Working or Studying  Studying and Working  Working Only  Studying Only

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

**COMMENT:** \_\_\_\_\_

10. Did the Associate of Arts Degree help you get your job?

(other than getting you a three-year work permit) **YES**  **NO**

**COMMENT:** \_\_\_\_\_

11. Will you return to an educational institution to further your learning? **YES**  **NO**

If so, where and what kind of study?

**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.*

## **GRADUATION REQUEST**

Please select your program

ASSOCIATE OF ARTS DEGREE:  SEMESTER GRADUATED: \_\_\_\_\_

ENGLISH STUDIES PROGRAM:  LEVEL: \_\_\_\_\_

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### **Delivery Options**

Pick up at the Vancouver Campus

Mail (Please provide the address you would like the certificate mailed to.)

\_\_\_\_\_

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**Please do not send a DUPLICATE REQUEST as this will delay the processing time.**

Once completed, please email this form to [enitschke@coquitlamcollege.com](mailto:enitschke@coquitlamcollege.com)

### **OFFICE USE ONLY**

Approved By: \_\_\_\_\_

Counsellor

Degree Granted as of \_\_\_\_\_