Important: The following form must be filled out in ink (please use a pen)

Columbia College Communication Department Graduate/Student Questionnaire Form - Pictures and/or Testimonial

INTRODUCTION

Sharing information about Columbia College helps others to better understand the College and its programs. We would appreciate if you would share your thoughts and experiences with others.

Information shared below will include your name and the program you are in or have completed. You may choose, if you would like, your full name or your first name with your last name initial.

We may share all or portions of the information provided below with sources such as the general public, businesses, employers, the government, our Board of Advisors, and potential, current or graduate students. Sharing of information may come in the form of a number of communication methods from news releases, our web site, articles, pamphlets and such. With your permission information shared could include your information shared on this form as well as a picture of you to go along with it.

| 1. | What challenges, if any, did you face before deciding to come to school? | | |
|----|---|--|--|
| - | | | |
| 2. | How do you feel Columbia College helped you to overcome your challenges, meet your goals and graduate? | | |
| - | | | |
| 3. | hy did you choose your program at Columbia? Why did you choose Columbia over her institutions? | | |
| • | | | |
| 4. | Did you attend Columbia's College Prep courses? Yes No If you did, how did College Prep courses help you? | | |
| | | | |
| 4. | | | |

Revision Date: October 17, 2013 Approved by: Tom Snell dures Page 1of 2

Document Name: Student Questionnaire Form
Document Number: ADM-F136
Revision: 1

NOTE: Revisions to this document can be made following procedures outlined in Document #ADM-P014 – Document Control Policy and Procedures

| 5. | 5. What did you enjoy most at the College? | | | |
|---|--|--------------------|--|--|
| | | | | |
| 6. | Where you are currently employed and what kind of employment do you have? What do you like about your job? | | | |
| 7. | 7. Would you recommend Columbia College to your friends and family? If so, why? | | | |
| | | | | |
| AUTHORIZATION | | | | |
| I, give Columbia College permission to share my name, (Print Name in Full or as you wish it to be used) | | | | |
| picture(s), and/or all or portions of my testimonial as noted above. | | | | |
| | | | | |
| Signat | cure | Date | | |
| | | | | |
| Progra | am/Department | Year of Graduation | | |
| Phone | number | Email Address | | |