

ASHLAND COMMUNITY & TECHNICAL COLLEGE - EXIT INFORMATION

Date: ____ - ____ - ____

PROGRAM: _____ Completion Level: Certificate Diploma Degree

PERSONAL

Name: _____ SSN: _____ - _____ - _____ Phone #: () _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Home E-mail Address: _____

CONTACT PERSON

Contact Name: _____ Address: _____ Phone # () _____ - _____

City: _____, State: _____ Zip: _____ Relationship: _____

EMPLOYMENT INFORMATION

Employer: _____ Address: _____, _____

Date Employed: _____ - _____ - _____ Supervisor: _____ Phone # () _____ - _____

Hrs./Wk: _____ Wage/Hr. _____ Do you consider your work duties training related? Yes No

Job Title: _____

How did you find your job? On Campus Interviewing, Placement Services Job posting, As a result of a Co-op experience,

Placement office referral, ACTC Faculty, Parents/friends, Other _____

I plan to further my education at: _____

If not employed please check one: Seeking employment, Not seeking employment, Entering Military service

Submit to Student Affairs Admissions Office when completed.