



ZORGANICS INSTITUTE BEAUTY AND WELLNESS GRADUATE EXIT SURVEY

As a graduate of our school, your appraisal of our institution is very important to us. Please take this opportunity to provide personal feedback that will allow us to further improve our programs and continue to provide quality education. Your responses in the following areas and your constructive comments will help us make improvements.

Performance	Excellent	Satisfactory	Poor	N/A
Program Objectives are Achieved				
Effective State Board Preparation is Achieved				
Job Entry Level SKills Were Attained				
Job Openings Were Posted & Job Search Skills Were Taught				
Instructors Were Qualified And Helpful				
Employment Was Obtained If Desired				

If you are not seeking employment at this time, please explain why:

If you have obtained employment, please indicate where:

Do you feel the training at our school helped prepare you for the position you obtained? Yes No

Please provide any comments you have for improving our institute, our student services, or the programs of study:

Please rate your overall experience at our school on the following scale of 1 to 10 with 10 considered BEST.

1 2 3 4 5 6 7 8 9 10

Please explain your rating:

Thank you for your comments. Serious consideration will be given to your recommendations. If at any time after graduation you need assistance with employment placement, please let us know.

Graduate Signature _____ Date _____

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