



(Semester/Year)

Please note that the U.S. Department of Education requires Project AIM to track the progress of our graduates. Please provide proof of enrollment (transcript or enrollment certification from your accepting/enrolled institution) to help us meet our requirement, if you attained a bachelors or professional degree(s) program.

1.	Graduation information:					
	1 <sup>st</sup> Major:	☐Associate Degree	□Certificate			
	2 <sup>nd</sup> Major:	☐Associate Degree	□ Certificate			
	Conferred Date:					
2.	Do you plan to transfer & enroll into a four-year institution? Yes □	No □				
4.	What institution are you interested in?					
	ave you been accepted into a four-year institution? Yes \( \subseteq \) No \( \subseteq \) Term/Semester: \( \subseteq \)					
	If you said <b>NO</b> to any of the above, <b>please explain your plans after graduation:</b>					
3.	Were you able to receive the services you needed? Yes $\square$ No $\square$					
4.	. Would you recommend any of the PAIM activities/services to be held in the future? Please list & exp					
_		a. D				
5.	5. Are there any program activities that need improvement or change? Please explain.					
6	What Project AIM activities/services were most beneficial to you	.9 Wh?				
6.	what Project And activities/services were most beneficial to you	1. why:				
7.	Please provide any additional comments, suggestions, or opinions.					
7.	rease provide any additional comments, suggestions, or opinion	LO•				

Please continue to the backside of the form





(Semester/Year)

Project AIM Alumni Contract							
Student Name:First		i Middle	Last	ID#: <b>B00</b>			
Mailing				GU			
P.O. Box/Street zip code							
Physical Address: Street				GU zip code			
Contact Information:							
E-mail: Cell:		Home:	Work:				
Next of Kin Information							
1	Name:	1,0110 01 12111 2					
		GU					
	P.O. Box/Street zip code						
	Physical Address: GU zip co						
	Contact Information:	Cell:	Home:	zip code Work:			
Name:							
	Mailing Address: GU						
	P.O. Box/Street		zip code				
	Physical Address:		GU				
	,	Street		zip code			
	Contact Information:	Cell:	Home:	Work:			
Consent							
As an alumnus of Project AIM, I hereby authorize GCC Project AIM Program to request and obtain my academic transcript/verification of enrollment for the purpose of a follow up on my progress in a postsecondary institution as mandated by the U.S. Department of Education. In the event that I cannot be reached at my current address, I concur that my next of kin be contacted so that Project AIM will be able to contact me. This contract shall expire 10 years from the date signed below.							
Student Signature		Date	Program Coordinator Signat	ture Date			