

Fifth Day Experience Student Feedback NOTES

Program(s): _____ Building: _____

Presenters & Note-Taker: _____

<p>CCP: Please record any significant information regarding this discussion, if applicable.</p>	<p>College Visits: Please record any significant information regarding this discussion, if applicable.</p>
<p>Industry Visits: Please record any significant information regarding this discussion, if applicable.</p>	<p>Volunteering: Please record any significant information regarding this discussion, if applicable.</p>
<p>Campus On-Time/Student-Led Experiences: Please record any significant information regarding this discussion, if applicable.</p>	

Other Ideas to share/Additional information from the presentation discussion: