

## **Training Outcome Form**

■ Update Student Name \_\_\_\_ OFFICIAL USE: COE Report Year \_\_\_\_ Student ID Phone Number Program COMPLETION Graduate A student who has demonstrated the competencies required for a program and has been awarded the appropriate credential. **Non-Graduate** A student who has exited a program of the college prior to completion of a program certificate. A student who has withdrawn from the program prior to the 100% refund deadline. PLACEMENT **Employment Status Continued Education Related Employment** External Employer Name Institute \_\_\_\_\_ Employer Address City, State Employer City, State, Zip Employer Email \_\_\_\_\_ **Continued Education** Employer Phone Number **Internal**, enrolled in another Job Title \_\_\_\_\_ **COE** approved program at BTECH Hire Date **Starting Wage** \$\square\$ \$15-20 \$\square\$ \$20-25 \$\square\$ \$15-20 \$\square\$ \$25-30 \$\square\$ \$30-35 \$\square\$ \$35-40 \$\square\$ \$40+ Unrelated Employment: Company \_\_\_\_\_ Job Title \_\_\_\_ Date \_\_\_\_ Military, Related Military, Unrelated **Refused Employment** Unavailable: ☐ Behavioral Dismissal ☐ Incarceration ☐ Foreign Aid ☐ Temporary Health-Related, Self ☐ Deceased **☐** Religious Services ☐ Permanent Health-Related, Self ☐ Military Activation ☐ Other ☐ Health-Related, Family Comments: Signature Date