

**Continuing Education Survey: Please tell us what courses you'd like to see offered!**

*Note: Please check the schedule of classes to see if we already offer it.*

**Your Name:**

**E-Mail:**

**What specific Continuing Education courses would you like to have offered at SCC?**

**Would you like the class offered during the day or at night?**

during the day

at night

**Where would you like to take this class?**

on campus

off campus site

**Do you want to take this course to improve your job skills, for fun or both?**

improve job skills

for fun

both