

ADVISING CENTER

The Advising Center periodically asks a sample of students about the level of service that we provide. Your anonymous feedback will help us improve our service to students. Thank you for taking a moment to provide this valuable feedback.

Counselor Name	PLEASE RESPOND	PLEASE RESPOND	PLEASE RESPOND	PLEASE RESPOND	PLEASE RESPOND
REASON FOR SERVICE	I AM BETTER PREPARED TO PURSUE MY ACADEMIC GOALS AFTER THIS VISIT TO THE ADVISING CENTER	EMPLOYEE(S) AT THE FRONT DESK WERE COURTEOUS	THE ADVISOR WHO WHO SAW ME WAS KNOWLEDGEABLE	THE ADVISOR WHO WHO SAW ME WAS PROFESSIONAL	THE ADVISOR WHO WHO SAW ME EFFECTIVELY COMMUNICATED TO ME
	AGREE	AGREE	AGREE	AGREE	AGREE
<input type="radio"/> Schedule Adjustment	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> Career/Program Choice	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> Academic Advising	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> Personal Counseling	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> CPT Test Advising	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> Transcript Evaluation	DISAGREE	DISAGREE	DISAGREE	DISAGREE	DISAGREE
<input type="radio"/> Financial Aid Appeal					
<input type="radio"/> Transfer Advising					
<input type="radio"/> Degree Check					
<input type="radio"/> International Student					
<input type="radio"/> Other _____					

If you would like the Director to contact you please provide your name and contact information

Contact Name _____
 Contact Phone or Email _____

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