

Customer Satisfaction Survey

You are very important to us. Please help us serve you better by taking a few minutes to tell us about the service you received today. Check the box(es) that applies to you.

1. **I am a:** Current student an Alumnus a Faculty/Staff Other (please specify) _____

2. **How did you interact with the Registrar's Office?**

Email In Person By Telephone **Date** ___/___/___

3. **What was the purpose of your interaction with the Registrar's Office?**

<input type="checkbox"/> Academic Calendar	<input type="checkbox"/> Obtain verification (Enrollment/Degree)
<input type="checkbox"/> Cancellation/Late Registration	<input type="checkbox"/> Order official transcript
<input type="checkbox"/> Degree audit (Academic Advisement Module)	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> FERPA - Family Educational Right and Privacy Act	<input type="checkbox"/> Registration (drop or add)
<input type="checkbox"/> Grade Changes	<input type="checkbox"/> Reserve a room on campus for an event
<input type="checkbox"/> Grade Forgiveness	<input type="checkbox"/> Residency Reclassification
<input type="checkbox"/> Graduation	<input type="checkbox"/> Schedule of Classes (autogen)
<input type="checkbox"/> Name or address change	<input type="checkbox"/> Transfer Credit
<input type="checkbox"/> Non-Degree Seeking registration	<input type="checkbox"/> Veterans Affairs

4. **In general, how do you prefer to get information or have your questions answered?**

<input type="checkbox"/> Phone	<input type="checkbox"/> Written Correspondence
<input type="checkbox"/> In person	<input type="checkbox"/> E-mail

5. **Overall, I am satisfied with the service today.**

Agree

If you disagree, please explain below...

Disagree
