



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?**

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

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

Phone	Written Correspondence
In person	E-mail

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

Agree

If you disagree, please explain below...

Disagree

6. **If you would like us to contact you directly regarding this survey, please provide your email address:**

E-mail: _____



Thank you for giving us the opportunity to serve you better!