

Need Help?



Have an Idea?

What are your suggestions for improved service?

Are we doing anything especially well? _____

Was any of our faculty or staff especially courteous or helpful?
name _____

What was the purpose of your visit or contact with us?

(Please check all that apply)

- | | |
|---------------------------------------|------------------------------------------|
| <input type="checkbox"/> Information | <input type="checkbox"/> Student Billing |
| <input type="checkbox"/> Advising | <input type="checkbox"/> Attending Class |
| <input type="checkbox"/> Pre-testing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Registration | |

Name *(optional)* _____

Contact Info: _____

Course _____

Semester _____ Program _____

Degree Campus _____

Any additional comments?

We value your input; our goal is to respond to your concerns within one business day.