



# STUDENT AFFAIRS CUSTOMER SERVICE SURVEY

Who assisted you?

Employee Name \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

**Did we do the following:**

1. Did you receive good customer service today?  Yes  No

2. Which department did you visit?  
 Admissions  Special Pops/Special Needs  Recruiting  Job Placement  
 Testing  Career Evaluator

3. Were all your questions/concerns addressed to your satisfaction?  Yes  No

4. Please rate your level of satisfaction with the service you received today.  
 Excellent  Satisfactory  Unsatisfactory

We especially appreciate comments and suggestions that help us improve our service.

Thank you for taking the time to complete these questions.



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