Augustana College Office of the Registrar Feedback Form

We welcome your feedback about the services our office provides, please complete the following:

The nature of my feedback is related to (please circle one or more):

- Transcripts
- Registration
- Schedules
- Web Advisor
- Enrollment verification
- Service
- Course availability
- Policies
- Program Evaluation
- Other: ____________

I would like to provide feedback regarding a specific individual in the Office of the Registrar:

Staff name(s): ____________________________________________

Comments: ______________________________________________

In general the service I receive from the Office of the Registrar is (please circle one):

- Very good
- Good
- Average
- Below Average
- Poor

Please feel free to write additional comments here:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Which best describes you? (please circle one):

- Current student
- Alumni
- Former student
- Parent
- Faculty
- Administrator
- Staff
- Other: ___________________

OPTIONAL:

Your name ________________________________ Student ID# ________________________________

Email ________________________________ Phone #: ________________________________

If you would like someone to respond personally to your feedback, please be sure to include your contact information.

Please return this feedback form to:
Augustana College Office of the Registrar
639 – 38th Street
Rock Island, IL 61201

Registrar’s Office Use Only:

Date re’cd: ______________  Response?: _____________________________