



FEEDBACK FORM

DATE: _____ TIME: _____

FULL NAME: _____

NAME OF STUDENT: _____ YEAR /GRADE: _____

RELATIONSHIP TO STUDENT: _____

COUNTRY OF ORIGINE: _____

CONTACT NO: _____ E-MAIL: _____

We would love to hear your thoughts, suggestions, concerns or problems. We will discuss the above matter and actions will be taken soon. Thank you.

QUESTIONS, COMMENTS OR SUGGESTIONS

***Note:** Positive feedback is highly appreciated

Would you like to be contacted?

YES

NO

OFFICE USE

DEPARTMENT INVOLVED:

Academic

Marketing

Maintenance

IT

Transportation

Security

Front Desk

Health

Comment or action taken by relevant department: