

# 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:**

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**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 – 38<sup>th</sup> Street  
Rock Island, IL 61201

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**Registrar's Office Use Only:**

Date re'cd: \_\_\_\_\_ Response?: \_\_\_\_\_