



COMMENT FORM

Southern is interested in your comments about our service to you. We are interested in knowing when we are doing things correct and when we may need to make reviews and corrections. Please feel free to use this form to voice your opinions - positive or negative.

Date _____

Office(s) visited (circle all that apply)

- | | | | | |
|---|---|--|-------------------|---|
| Student Services
Fin Aid
Records
Counselor
Dis Svcs
Other | Academics
Faculty
Secretarial
Library | Business
Bookstore
Cashier
Bldg & Grnds
Comp Svcs | Human Res. | Workforce Development
Continuing Ed
Econ Dev |
|---|---|--|-------------------|---|

Nature of comment:

Should we need to contact you, please print your name, address and telephone number. YOUR NAME WILL BE KEPT CONFIDENTIAL. THE AFFECTED STAFF OR FACULTY MEMBER WILL NOT HAVE ACCESS TO YOUR NAME.

NAME _____ Tel. # _____
First Middle Initial Last

Address _____
Mailing Address City State Zip

Relationship to institution: Student Parent Community Member

Location visited:

- Boone Williamson
 Logan Wyoming
 Other (please list) _____

Thank you for taking the time to complete this form. Please fold, seal and mail this form to the return address listed below. Every comment form is read with the intent of using these comments to help Southern provide better service to you.

James P. Owens
 Southern West Virginia Community and Technical College
 PO Box 2900
 Mt. Gay, WV 25637