California State University | Stanislaus

Student Support Services Exit Evaluation Form

Student Support Services recognizes that you will no longer be participating in the program. Please complete the following evaluation and email or mail it to us so that we may take appropriate action(s) regarding your SSS file.

Today's Date:						
Name:			Student ID#:	Student ID#:		
Address/City/Z						
Cell phone:						
Email:			SSS Advisor:			
Graduation date (MM/DD/YY):			Major:			
Indicate why y	you are leaving	g Student Suj	pport Services:			
Graduation			issatisfied with services	Job/Ca	reer	
Conflict with staff		Fa	mily	Transfe	Transferring	
Other	:					
Please comple	te the followin	ng survey:				
SERVICE	How strongly would you agree or disagree with the following:					
	Student Sup	port Services	s provided desired service	es.		
Strongly	Agree	Agree	Can't Say	Disagree	Strongly Disagree	
	Student Sup	port Services	s is what I expected.			
Strongly	Agree	Agree	Can't Say	Disagree	Strongly Disagree	
STAFF	How strongly would you agree or disagree with the following:					
	The SSS stat	ff was compo	etent and knowledgeable			
Strongly	Agree	Agree	Can't Say	Disagree	Strongly Disagree	
	The SSS stat	ff ensured th	at my questions were ans	swered.		
Strongly	Agree	Agree	Can't Say	Disagree	Strongly Disagree	
	The SSS staff was able to communicate effectively.					
Strongly	Agree	Agree	Can't Say	Disagree	Strongly Disagree	
PROGRAM	How would	you agree or	disagree with the follow	ring regarding Stu	udent Support Services:	
	The SSS dep	artment had	sufficient personnel.			
Strongly	Agree	Agree	Can't Say	Disagree	Strongly Disagree	
	Overall SSS	is efficient a	and met my needs.			
Strongly	Agree	Agree	Can't Say	Disagree	Strongly Disagree	
			oo, gmail, hotmail, etc.) yo tan.edu with this document		e this document to your	

Thank you. Your opinion matters.