

Coe 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	Course Evaluation	Course availability
Policies	Schedules	Degree Audits	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):

Alumni	Parent	Current student	Former student
Faculty	Staff	Administrator	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:
Coe College - Registrar's Office
1220 1st Ave NE
Cedar Rapids, IA 52402

Registrar's Office Use Only:

Date received: _____

Date Responded: _____