DANVILLE AREA COMMUNITY COLLEGE EVALUATION FORM FOR OFFICE of FINANCIAL AID

HELP US HELP YOU BETTER!!!!

In the interest of maintaining and improving our service to you, we would appreciate your evaluation of our office. The Financial Aid Department also includes the Veteran's Affairs.

1. When was your first semester at DACC? __________
2. I have visited the Financial Aid Office about __________times this academic year.
3. I have telephoned the Financial Aid Office about __________times this academic year.
4. I utilized the Internet for FAO services and financial aid processes? Yes ___ No ___
5. In an attempt to evaluate the importance of the aid you received, please give your best estimate of the following:
   a. How many credits per semester could you take without financial aid? ___
   b. How many credits per semester do you take/will you take with financial aid? ___
   c. Briefly, explain what impact financial aid has had on your ability to attend DACC?

6. Please circle your responses for each of the statements presented below as defined by the following terms: STRONGLY AGREE (SA); AGREE (A); DISAGREE (D); STRONGLY DISAGREE (SD);

   a. A financial aid staff member was readily available. SA A D SD
   b. Adequate time was given to discuss my situation. SA A D SD
   c. My situation was discussed with sufficient privacy. SA A D SD
   d. Staff was knowledgeable in the area of inquiry. SA A D SD
   e. Staff was helpful in referring me to other staff members. SA A D SD
   f. Staff was helpful in assisting me with my problem. SA A D SD
   g. Information and material were readily available. SA A D SD
   h. I approve of mailing information so that personal visits are not required. SA A D SD

Please attach additional comments or concerns if you wish. If you would like a response, please include your name, address (or e-mail address) and/or phone number.

Thank You :)