

**FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY  
REGISTRAR'S OFFICE**



112 Foote-Hilyer Administration Center  
Tallahassee, FL 32307-3200

Office: (850) 599-3115 Fax: (850) 561-2428 Email: [registrar@famu.edu](mailto:registrar@famu.edu)

## Customer Satisfaction Survey

You are very important to us. Please help us serve you better by taking a few minutes to tell us about the service you received today. Check the box(es) that applies to you.

1. **I am a:** Current student [ ] an Alumnus [ ] a Faculty/Staff [ ] Other (please specify) \_\_\_\_\_

2. **How did you interact with the Registrar's Office?**

[ ] Email [ ] In Person [ ] By Telephone Date \_\_\_\_/\_\_\_\_/\_\_\_\_

3. **What was the purpose of your interaction with the Registrar's Office?**

Academic Calendar	Obtain verification (Enrollment/Degree )
Cancellation/Late Registration	Order official transcript
Degree audit (Academic Advisement Module)	Other (please specify)
FERPA - Family Educational Right and Privacy Act	Registration (drop or add)
Grade Changes	Reserve a room on campus for an event
Grade Forgiveness	Residency Reclassification
Graduation	Schedule of Classes (autogen)
Name or address change	Transfer Credit
Non-Degree Seeking registration	Veterans Affairs

4. **In general, how do you prefer to get information or have your questions answered?**

Phone	Written Correspondence
In person	E-mail

5. **Overall, I am satisfied with the service today.**

Agree  
 Disagree

If you disagree, please explain below...

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. **If you would like us to contact you directly regarding this survey, please provide your email address:**

E-mail: \_\_\_\_\_

*Thank you for giving us the opportunity to serve you better!*