not be listed on any report.

DIRECTIONS: The information you supply on this questionnaire will be kept completely confidential. However, if any item requests information that you do not wish to provide, please feel free to omit it. Your Social Security number is requested for research purposes only and will

a ball-point pen, nylon-tip or felt-tip pen, fountain pen, marker, or colored pencil. Some items may not be applicable to you or to this college. If this is the case, skip the item or mark the "Does Not Apply" option. If you wish to change your response to an item, erase your first mark completely, and then fill in the correct oval. Select only ONE response for each item.

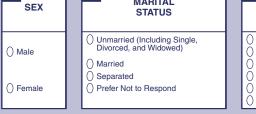
Please use a soft (No. 1 or 2) lead pencil to fill in the oval indicating your response. DO NOT use

SECTION I—BACKGROUND INFORMATION

rking the single most appropriate oval in each case.

Α		i	NUMB	CURITY ER on Num	-			В	AGE		RACIAL/ETHNIC GROUP
2 3 4 5 6 7 8 9	2 (3 (4 (6 (5 (6 (6 (7 (6 (6 (6 (6 (6 (6 (6 (6 (6 (6 (6 (6 (6	2 3 4 5 6 6 7 8 9	1 1 2 3 3 4 4 6 6 6 7 7 8 8 9 0 0 0	1	1 2 3 4 5 6 7 8 9 0	1 2 3 4 5 6 7 8 9 0	1 2 3 4 5 6 7 8 9 0	18 c 19 20 21 22 23 t 26 t 30 t 62 c	29 39 61		African American or Black Native American (Indian, Alaskan, Hawaiian) Caucasian or White Mexican American, Mexican Origin Asian American, Oriental, Pacific Islander Puerto Rican, Cuban, Other Latino or Hispanic Other I prefer not to respond.
F	SEX	x	G			ARIT				HOU	CATE THE NUMBER URS PER WEEK YOU RRENTLY EMPLOYED. LOW CURRE STATUS

D INDICATE YOUR CLASS LEVEL AT THIS COLLEGE.	FOR WHAT PURPOSE DID YOU ENTER THIS COLLEGE? (Select only one.)
Freshman Sophomore Junior Senior Graduate or Professional Student Special Student Other/Unclassified Does Not Apply to This College	No Definite Purpose in Mind To Take a Few Job-Related Courses To Take a Few Courses for Self-Improvement To Take Courses Necessary for Transferring to Another College To Obtain or Maintain a Certification To Complete a Vocational/Technical Program To Obtain an Associate Degree To Obtain a Bachelor's Degree To Obtain a Master' Degree To Obtain a Doctorate or a Professional Degree



	INDICATE THE NUMBER
	OF HOURS PER WEEK YOU ARE CURRENTLY EMPLOYED.
	ATE COTTLETTET EMPECTED.
() 0	or Only Occasional Jobs
() 1	to 10
() 1	1 to 20
() 2	1 to 30
() з	1 to 40
() c	Over 40



() Part-Time Student

J	WHAT TYPE OF TUITION DO YOU PAY AT THIS COLLEGE?
\bigcirc	n-State Tuition
I \(\cdot \).	

O Does Not Apply to This College

K	WHAT IS YOUR ESIDENCE CLASSIFICATION AT THIS COLLEGE?
	n-State Student
() c	Out-of-State Student
O Ir	nternational Student Not U.S. Citizen)

L	WHAT TYPE OF SCHOOL DID YOU ATTEND JUST PRIOR TO ENTERING THIS COLLEGE?
0 V 0 2 0 4	ligh School /ocational/Technical School -Year College -Year College or University Graduate/Professional College Other

M INDICATE YOUR CURRENT COLLEGE RESIDENCE. Ocollege Residence Hall () Fraternity or Sorority House Ocollege Married Student Housing Off-Campus Room or Apartment O Home of Parents or Relatives

Own Home

() Other

Ν DO YOU RECEIVE ANY TYPE OF FEDERAL. STATE, OR COLLEGE-SPONSORED STUDENT FINANCIAL AID? (Scholarships, Grants, Work-Study, etc.) () Yes () No

USING THE LIST OF COLLEGE MAJORS AND OCCUPATIONAL **CHOICES INCLUDED WITH** THIS QUESTIONNAIRE. PLEASE SELECT THE THREE-DIGIT **CODES FOR YOUR COLLEGE MAJOR AND YOUR** OCCUPATIONAL CHOICE. WRITE THESE CODES IN THE **BOXES AT THE TOP OF BLOCKS** O AND P, AND FILL IN THE APPROPRIATE OVAL IN THE **COLUMN BELOW EACH BOX.** (IF YOU HAVE MORE THAN ONE MAJOR, SELECT THE ONE **CODE THAT BEST DESCRIBES** YOUR EDUCATIONAL PROGRAM.)

O INDICATE YOUR COLLEGE MAJOR.	P INDICATE YOUR OCCUPATIONAL CHOICE.

SECTION II—COLLEGE SERVICES

For each service (or program) listed below, indicate whether or not you have used the service and, if you have used the service, your level of satisfaction with it. If a service is not offered at this college, mark "Not Available at This College" and leave Part B blank. If a service is offered

but you have not used it, mark "I Have Not Used This Service" and leave Part B blank. Indicate your level of satisfaction (Part B) *only* if you HAVE used the service.

			T A: USAGE COMPLETE PART B ONLY IF YOU HAVE USED THE SERVICE.		PART B: LEVEL OF SATISFACT								
		\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	HAVE USED THE SERVICE. COLLEGE SERVICE OR PROGRAM			, /			A STATE OF THE STA				
	WE OF	10 10 10 10 10 10 10 10 10 10 10 10 10 1	/ *		Spilling		/RAY	SE SE	JESK!				
/ 1/2 K			COLLEGE SERVICE OR PROGRAM	J. St.	SA.	N. SE	SRAT DES						
0	0	0	Academic advising services	0	0	0	0	0					
0	0	0	2. Personal counseling services	0	0	0	0	0					
0	0	0	3. Career planning services	0	0	0	0	0					
0	0	0	4. Job placement services	0	0	0	0	0					
0	0	0	5. Recreational and intramural programs and services	0	0	0	0	0					
0	0	0	6. Library facilities and services	0	0	0	0	0					
0	0	0	7. Student health services	0	0	0	0	0					
0	0	0	8. Student health insurance program	0	0	0	0	0					
0	0	0	9. College-sponsored tutorial services	0	0	0	0	0					
0	0	0	10. Financial aid services	0	0	0	0	0					
0	0	0	11. Student employment services	0	0	0	0	0					
0	0	0	12. Residence hall services and programs	0	0	0	0	0					
0	0	0	13. Food services	0	0	0	0	0					
0	0	0	14. College-sponsored social activities	0	0	0	0	0					
0	0	0	15. Cultural programs	0	0	0	0	0					
0	0	0	16. College orientation program	0	0	0	0	0					
0	0	0	17. Credit-by-examination program (PEP, CLEP, etc.)	0	0	0	0	0					
0	0	0	18. Honors programs	0	0	0	0	0					
0	0	0	19. Computer services	0	0	0	0	0					
0	0	0	20. College mass transit services	0	0	0	0	0					
0	0	0	21. Parking facilities and services	0	0	0	0	0					
0	0	0	22. Veterans services	0	0	0	0	0					
0	0	0	23. Day care services	0	0	0	0	0					



SECTION III—COLLEGE ENVIRONMENT

Please mark the oval indicating your level of satisfaction with each of the following aspects of this college. If any item is not applicable to you or to this college, fill in the

oval in the "Does Not Apply" column and proceed to the next item. Respond to each item by filling in only one of the six response alternatives.

LEVEL OF SATISFACTION

		LEVEL OF SATISFACTION											
		O _O ES _M	VERY S.A.	SATISFIED	NEUTRA.	DISSATIO	VERY DICE	SATISFIE					
	1. Testing/grading system	0	0	0	0	0	0						
	2. Course content in your major field	0	0	0	0	0	0						
	3. Instruction in your major field	0	0	0	0	0	0						
	4. Out-of-class availability of your instructors	0	0	0	0	0	0						
JIC	5. Attitude of the faculty toward students	0	0	0	0	0	0						
ACADEMIC	Variety of courses offered at this college	0	0	0	0	0	0						
AC	Class size relative to the type of course	0	0	0	0	0	0						
	Flexibility to design your own program of study	0	0	0	0	0	0						
	9. Availability of your advisor	0	0	0	0	0	0						
	 Value of the information provided by your advisor 	0	0	0	0	0	0						
	 Preparation you are receiving for your future occupation 	0	0	0	0	0	0						
s	12. General admissions procedures	0	0	0	0	0	0						
SION	 Availability of financial aid information prior to enrolling 	0	0	0	0	0	0						
ADMISSIONS	 Accuracy of college information you received before enrolling 	0	0	0	0	0	0						
4	15. College catalog/admissions publications	0	0	0	0	0	0						
	16. Student voice in college policies	0	0	0	0	0	0						
SES	 Rules governing student conduct at this college 	0	0	0	0	0	0						
POLIC	18. Residence hall rules and regulations	0	0	0	0	0	0						
RULES & POLICIES	 Academic probation and suspension policies 	0	0	0	0	0	0						
RUL	20. Purposes for which student activity fees are used	0	0	0	0	0	0						
	21. Personal security/safety at this campus	0	0	0	0	0	0						

		Poesmo	VERY SA	SATISFIED	NEUTRA.	DISSAM.	VERY DIS	JOSATI SPIEL
	22. Classroom facilities	0	0	0	0	0	0	
	23. Laboratory facilities	0	0	0	0	0	0	
	24. Athletic facilities	0	0	0	0	0	0	
FACILITIES	25. Study areas	0	0	0	0	0	0	
FACIL	26. Student union	0	0	0	0	0	0	
	27. Campus bookstore	0	0	0	0	0	0	
	28. Availability of student housing	0	0	0	0	0	0	
	General condition of buildings and grounds	0	0	0	0	0	0	
Z	30. General registration procedures	0	0	0	0	0	0	
RATIO	Availability of the courses you want at times you can take them	0	0	0	0	0	0	
REGISTRATION	32. Academic calendar for this college (e.g., semester or quarter system)	0	0	0	0	0	0	
I I	33. Billing and fee payment procedures	0	0	0	0	0	0	
	34. Concern for you as an individual	0	0	0	0	0	0	
	35. Attitude of the college nonteaching staff toward students	0	0	0	0	0	0	
	36. Racial harmony at this college	0	0	0	0	0	0	
AL AL	37. Opportunities for student employment	0	0	0	0	0	0	
GENERAL	 Opportunities for personal involvement in campus activities 	0	0	0	0	0	0	
ğ	39. Student government	0	0	0	0	0	0	
	40. Religious activities and programs	0	0	0	0	0	0	
	 Campus media (student newspaper, campus radio, etc.) 	0	0	0	0	0	0	
	42. This college in general	0	0	0	0	0	0	

F O R M

SECTION IV—ADDITIONAL QUESTIONS

If an additional set of multiple-choice questions is included with this form, please record your responses to those items in this section. Twelve ovals are provided for each question, but few

questions require that many choices. Simply ignore the extra ovals. If no additional questions are included, leave this section blank.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
									@ @ @ @ @ @ O O & O			@ @ @ @ @ @ O @ @ O		Q@@@@@@©@©	Q@@@@@@©@©	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	© 8 6 6 8 9 9 9 8 8	0.80.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.80.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		@ @ @ @ @ @ © @ © © © ©						@ @ @ @ @ @ O O & O	

SECTION V—COMMENTS AND SUGGESTIONS

CEGNORY COMMENTO AND COGGETIONS
If you wish to make any comments or suggestions concerning this college, please write them on the lines below.
if you wish to make any comments of suggestions concerning this conege, please while them on the lines below.



DO NOT WRITE BELOW THIS LINE.