

# Customer Satisfaction Survey

## Office of Registrar

P.O. Box 20036 - UCT 2250  
Houston, TX 77225  
(713) 500-3361 Fax: (713) 500-3356

*The Office of Registrar is seeking input regarding your experience utilizing our services. Since a completely satisfied customer is our primary goal, we would greatly appreciate it if you would take some time to complete the following questionnaire. You can be sure that your opinions count, and that we will make every effort to meet your expectations. All responses are anonymous, please contact if we can be of assistance. Thank you!*

### Experience

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
Today's Date (mmdyyyy)

Shade Circles Like This--> ●

Not Like This--> ~~○~~

On a scale of 1 - 5, how would you rate the following service?

	Poor	Fair	Good	Excellent	Never Used
1. Ordering Transcripts.....	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Application Processing.....	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Registration via myUTH.....	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Tuition & Fee Payment via myUTH.....	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Filing your Application for Graduation.....	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Helpfulness of our staff.....	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Courteousness of our staff.....	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Overall service that you received from our staff.....	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Recommendations

What are your recommendations for improving the quality of the service we provide?

If we may we contact you for followup, please provide the following information:

\_\_\_\_\_  
Name (Last, First, Middle) \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  
Phone

\_\_\_\_\_  
Email Address

