

# HELP US HELP YOU!!

*Evaluation Form  
for  
Truman Financial Aid Office*

In the interest of maintaining and improving our service to you, we would appreciate your evaluation of our office. Please complete and return this form to our office, MC 103. Thank you.

1. Type of aid received: (Check all that apply) Truman Scholarships \_\_\_ Private Scholarships \_\_\_  
Federal Aid \_\_\_ State Aid \_\_\_
2. Class Level: FR\_\_\_ SO\_\_\_ JR\_\_\_ SR\_\_\_ GR\_\_\_
3. I have visited the Financial Aid Office about \_\_\_ times during my college career.
4. I have telephoned the Financial Aid Office about \_\_\_ times during my college career.
5. Please check your response for each of the statements presented below as defined by the following terms.

STRONGLY AGREE (SA); AGREE (A); DISAGREE (D); or STRONGLY DISAGREE (SD)

	SA	A	D	SD
a) A financial aid staff member was readily available to help me.				
b) Adequate time was given to discuss my situation.				
c) My situation was discussed with sufficient privacy.				
d) Staff was knowledgeable and helpful in the area of inquiry.				
e) Staff was helpful in referring me to other offices or staff as needed.				
f) Information and materials were readily made available.				

6. How would you rate the Financial Aid Staff in the following areas:

	Excellent	Good	Fair	Poor	N/A
a) General courtesy					
b) Willingness to help					
c) Knowledge of financial aid					
d) Telephone service					
e) Personal service					

7. If you have a specific problem you would like us to review, please list here or e-mail us at [finaid@truman.edu](mailto:finaid@truman.edu).

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Name and address or e-mail address for response (optional) \_\_\_\_\_

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8. Please list your suggestions for helping us improve our services to you.

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9. What would you like to see changed about the financial aid process?

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