



ACCESS Center Annual Report

2014-2015

Coordinated by ACCESS Center
Janice Medrano, Educational Advisor

2015

ACCESS SURVEY

**SAMPLE
STUDENT SATISFACTION SURVEY**

Graduate Satisfaction Survey

Program of Study: _____

Please check one of the following:

_____ GED _____ Certificate _____ Associate Degree

Please indicate your level of agreement with the following statements.

	Poor	Fair	Good	Excellent
Quality of courses taken toward your program				
Quality of instruction in your program				
Did Faculty play a supportive role in your learning experience				
Quality of our Admissions Department				
Quality of our Student Success Center				
Quality of Registration Department				
Quality of our Financial Aid Department				
Quality of our Fiscal Office				
Overall, I would say my experience at LCC has been a positive one				

Do you feel there are any changes that LCC can make to improve the student experience? Yes NO

If you could change on thing about your experience at LCC, what would it be and why?

Would you recommend LCC to friends and family? Yes NO

- Wouldn't change anything
- Done nursing instead
- Better computer system
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Would you recommend LCC to friends and family?

Yes 53

NO 5