College of Science and Technology

Department of Industrial and Engineering Technology

Faculty Advisor Evaluation

I am a: □ Freshman □Sophomore □Junior □Senior □Graduate

PLEASE CHECK YOUR ADVISOR'S NAME

□ ADHIKARI □ALAVI □GRISE □JOSHI □KRIJESTORAC □ MASON
□STANLEY □STUBBS □WASEL □YOU □ ZARGARI

Please take a few minutes to respond to the statements below by placing an "X" in the box to the right which best reflects your advisor's effectiveness in assisting you with your program of study. Your thoughtful and honest response is appreciated and will help us provide better service to our students. Please feel free to add comments at the bottom or on the back of this page.

Statement	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree	Does Not Apply
1. My advisor is available during posted office hours.						
2. My advisor responds to my phone/e-mail messages.						
3. My advisor gives me accurate information when planning my program.						
4. My advisor assists me in solving scheduling problems.						
5. My advisor provides answers to my questions.						
6. My advisor knows my academic status.						
7. My advisor takes my professional interests into account when advising me.						
8. My advisor helped me complete my current schedule.						
9. My advisor has informed me about my program requirements.						
10. My advisor cares about my progress toward degree completion.						

COMMENTS