**UNIVERSITY OF THE PHILIPPINES**

**CLIENT SATISFACTION SURVEY FORM**

CU: University of the Philippines Mindanao

Delivery Unit: **Counseling & Testing Section**

Service Title: **Student Services**

Service Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instruction: Encircle the number that corresponds to your rating.

A. How would you rate the response time of the service requested?

1. Poor

2. Fair

3. Good

4. Very Good

5. Excellent

B. How would you rate the quality of the service provided?

1. Poor

2. Fair

3. Good

4. Very Good

5. Excellent

C. Overall, how would you rate your experience with our service/s?

1. Poor

2. Fair

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4. Very Good

5. Excellent

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature over Printed Name

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_College/University:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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