

**MACON STATE COLLEGE**

**Academic Advising Center  
Advising Questionnaire**

Thank you for taking the time to complete this questionnaire. Your input will be used to improve the services offered in the Academic Advising Center.

Date: \_\_\_\_\_  
(Optional)

Advisor: \_\_\_\_\_  
(Optional)

**Directions: Please read each of the following statements carefully and check the appropriate response. Place the completed questionnaire in the box at the Advising Center desk.**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I feel that I was treated as an individual with unique needs and interests.					
I feel that I was assisted in identifying realistic academic goals based on my academic history.					
I feel that I have learned more about courses and about my degree program.					
My advisor was knowledgeable about school policy.					
My advisor was knowledgeable about my degree area.					
My advisor was knowledgeable about the courses required to meet my academic goals.					
After this advising session, I feel more comfortable about my academic future at Macon State College.					

**Please provide any additional comments on the back of this form.**

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