**THE LEARNING CENTER SURVEY**

So that we may provide you with the type and level of service you expect, we would appreciate it if you would complete this survey before you leave today.

# of times that you’ve utilized The Learning Center on campus THIS semester \_\_\_\_\_3 or fewer\_\_\_\_4-6 times\_\_\_\_7 +

1. **Were you able to request an appointment at a convenient time?** Yes No
2. **Have you utilized any drop-in tutoring or study groups for this subject?** Yes No
3. **What did/do you hope to achieve by using the services? (circle)**
* Improve my grade from failing to passing
* Improve my grade from D to C
* Improve my grade from C to B
* Improve my grade from B to A
* Other—please explain
1. **Do you feel you will receive a better grade(s) because of working with our tutoring services?(circle)**
* Strongly agree
* Agree
* Neutral
* Disagree
* Strongly Disagree
1. **What course brought you to the Learning Center today?**

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1. **What is the name of your mentor(s)?**

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1. **Any additional feedback you’d like to share with us?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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