



STUDENT ASSESSMENT OF FACULTY ADVISING
MSU College of Technology – Great Falls

Name of Faculty advisor: _____

Date: __/__/__

Your assessment of the advising service you have received from our faculty is important so that we may improve that service to students. Please complete the following questionnaire by circling the best response and turn it in. **DO NOT SIGN THIS FORM.** The advisor will receive a typewritten compilation of all advisee responses. Your written responses will be destroyed once the responses have been compiled. Thank you for taking the time to give us your honest assessment.

1. My faculty advisor was available for student advising during posted office hours.

Never Seldom Usually Always

2. My faculty advisor had up-to-date knowledge about course offerings at this institution, transfer opportunities, and was able to give me good advice about my chosen occupational field.

Never Seldom Usually Always

3. My faculty advisor reviewed my progress toward certificate/degree, and/or other educational goals with me when we met during the year.

Never Seldom Usually Always

4. My faculty advisor gave me helpful occupational information when I asked for it.

Yes No Did not ask

5. My faculty advisor encouraged me to make my own occupational choices.

Never Seldom Usually Always

6. My faculty advisor encouraged me to consider non-traditional occupational choices when it fit my interests.

Yes No Not Applicable

Please make any additional comments you feel would be helpful or expand on any answer you gave above.