

Dear Valued Students/Parents,

We value feedback on your study experience at HELP University. Please complete this form and drop it into the nearest suggestion box.

SECTION 1 (Please complete all fields)

You are a : Student of HELP Parent/Guardian Other
Programme enrolled : Foundation Communication Business Psychology IT
 Law Early Childhood Education Hospitality/Tourism
 Postgraduate Other: _____

This feedback is

related to : Class conduct Administrative services Facilities Other

Name : (Mr/Ms/Mrs) _____

Address/Email : _____

Contact number : (House/Office) _____ (Handphone) _____

Details of feedback : _____

Signature : _____

Date :

Important: All feedback is treated confidential. To ensure fair review of all feedback, only completed forms will be processed.

SECTION 2 (For Office Use Only)

Date received:

Box no.:

Processed by:

Action taken :

Expected Completion Date of Action:

Signature of Actionee / Allocated Owner:

SECTION 3 (To be completed by CSD) (For Office Use Only)

Action taken : Effective Not effective

Closed? : Yes Date: No New CIPA/Ref no: