

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 ☐ OtherProgramme 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: