

NAME OF ADVISOR: _____
DATE: _____

EVALUATION OF FACULTY ADVISING

The following items are intended to provide information to your advisor concerning the quality of our student advising.

PLEASE USE THE SCANTRON FORM TO MARK YOUR RESPONSES:

1. How many times have you met with your advisor this semester?
A) 1 B) 2-3 C) more than 3

Please rate your advisor on the following functions:

	YES	NO	DOES NOT APPLY	CANNOT EVALUATE
2. Seems knowledgeable about degree requirements	A	B	C	D
3. Seems knowledgeable about WVU Parkersburg courses and their prerequisites	A	B	C	D
4. Seems knowledgeable about WVU Parkersburg policies and procedures	A	B	C	D
5. Gives you information about your progress toward fulfilling degree requirements	A	B	C	D
6. Refers you to another source of information when necessary	A	B	C	D
7. Helps you to schedule appropriate classes	A	B	C	D
8. Is available for advising sessions during scheduled times	A	B	C	D
9. Uses good communication skills	A	B	C	D

Please write any other comments that you might have on the back of this faculty advising questionnaire. Please be sure to include your advisor's name.

DO NOT INCLUDE YOUR NAME ON THIS DOCUMENT.