
Student Survey Questions PDF

Title: Comprehensive Student Experience Survey

Introduction:

Please take a few moments to help us improve your educational experience. Your feedback is invaluable.

Personal Information:

- **Name:** _____
- **Age:** _____
- **Major:** _____

Academic Experience:

1. How satisfied are you with your academic curriculum?

- Very Satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very Dissatisfied

2. Rate the effectiveness of the learning resources provided.

- Very Effective
- Effective
- Neutral
- Ineffective
- Very Ineffective

3. How well do your instructors engage with the students?

- Very Well
- Well
- Neutral
- Poorly
- Very Poorly

Campus Life:

1. Are you involved in any extracurricular activities?

- Yes
- No

2. How safe do you feel on campus?

- Very Safe
- Safe
- Neutral
- Unsafe
- Very Unsafe

3. How would you rate the overall campus facilities?

- Excellent
- Good
- Fair
- Poor
- Very Poor

Conclusion:

Any additional comments or suggestions?