**Market Survey Form For Students**

**Please complete the form to help us understand student preferences, needs, and experiences.**

**Student Information**

* **Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Age: \_\_\_\_\_\_\_\_\_\_**
* **Year of Study (e.g., Freshman, Sophomore): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Major/Field of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Preferred Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Survey Questions**

1. **How do you usually obtain study materials? (Check all that apply)
☐ Online Sources
☐ Library
☐ Textbooks
☐ Study Groups**
2. **On average, how much do you spend monthly on educational resources?**
	* **Amount: $\_\_\_\_\_\_\_\_\_\_**
3. **Which of the following services would benefit you most?
☐ Academic Tutoring
☐ Career Counseling
☐ Study Space Access
☐ Peer Mentoring**
4. **Rate your satisfaction with campus facilities:**
	* **Libraries: \_\_\_\_\_\_\_\_\_\_ (1 to 5 scale)**
	* **Study Areas: \_\_\_\_\_\_\_\_\_\_ (1 to 5 scale)**
	* **Computer Labs: \_\_\_\_\_\_\_\_\_\_ (1 to 5 scale)**

**Additional Feedback**

* **Please share any suggestions to improve student services:**