

Questionnaire

for Students

Service Units

**Information about the student**

**Full time student** Yes **** No ****

**Type of enrolment:** Normal Repeating year Behind with exams Other **Year of course:** 1 **** 2 **** 3 **** 4 **** 5 ****6 ****

|  |  |  |  |  |  |
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| **Please express your agreement or disagreement with the statments below:** | **smile293smile293****strongly disagree** | **smile293****Disagree** | **smile005****Agree** | **smile011****strongly agree** | **NOT APPLICABLE** |
| **DOES THE SERVICE UNIT OFFER A** **SATISFACTORY SERVICE** **IN TERMS OF:** |
| **1. opening hours** |  |  |  |  |  |
| **2.** helpfulness |  |  |  |  |  |
| **3.** information service |  |  |  |  |  |
| **4.** number of staff  |  |  |  |  |  |
| **5.** competence of staff |  |  |  |  |  |
| **DOES THE LIBRARY OFFER** **A SATISFACTORY SERVICE** **IN TERMS OF:** |
| **1.** opening hours |  |  |  |  |  |
| **2.** number of staff |  |  |  |  |  |
| **3.** adequate seating |  |  |  |  |  |
| **4.** competence of staff |  |  |  |  |  |
| **5.** availability of books  |  |  |  |  |  |
| **6.** borrowing service |  |  |  |  |  |
| **7.** computer service |  |  |  |  |  |
| **8.** photocopying/printing facilities |  |  |  |  |  |
| **DOES THE PERIODICALS READING** **ROOM OFFER A SATISFACTORY** **SERVICE IN TERMS OF:** |
| **1.** opening hours |  |  |  |  |  |
| **2.** number of staff |  |  |  |  |  |
| **3.** adequate seating |  |  |  |  |  |
| **4.** competence of staff |  |  |  |  |  |
| **5.** availability of periodicals |  |  |  |  |  |
| **6.** borrowing service |  |  |  |  |  |
| **7.** computer service |  |  |  |  |  |
| **8.** photocopying/printing facilities |  |  |  |  |  |
| **DOES THE COMPUTER ROOM** **OFFER A SATISFACTORY SERVICE** **IN TERMS OF:** |
| **1.** opening hours |  |  |  |  |  |
| **2.** availability of seating |  |  |  |  |  |
| **3.** technological support |  |  |  |  |  |
| **4.** assistance from staff |  |  |  |  |  |
| **ARE THE LECTURE ROOMS** **SATISFACTORY IN TERMS OF:** |
| **1.** satisfactory seating |  |  |  |  |  |
| **2.** sufficient lighting |  |  |  |  |  |
| **3.** acoustics |  |  |  |  |  |
| **4.** air conditioning/heating |  |  |  |  |  |
| **5.** technological equipment |  |  |  |  |  |
| **SATISFACTION WITH** **OTHER SERVICES** |
| **1.** study area |  |  |  |  |  |
| **2.** snack bars |  |  |  |  |  |
| **3.** restaurant/canteen(s) |  |  |  |  |  |
| **4.** cleanliness of public areas |  |  |  |  |  |
| **5.** sports facilities  |  |  |  |  |  |

Other comments / suggestions (please specify)……………………………………….....……………

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**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (dd/mm/yy)****

*Thank you very much for your collaboration*