



MANAGEMENT OF INFORMATION SYSTEM (MIS)

F- MIS-007
 Version: 02
 Revision: 00
 Effective Date: March 24,

FEEDBACK FORM

Name (Optional): _____ Date: _____
 Customer Type: Student Employee Other: _____

Kindly Rate our Service	Very Good	Good	OK	Poor	Very Poor
Staff courtesy and attitude					
System effectiveness					
Reliability/Availability					
Quality of Service					

*If you have any comments or suggestions, please let us know.
 If we have exceeded your expectations, please help us recognize them.*



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