THE UNIVERSITY OF AKRON OFFICE OF RESIDENCE LIFE AND HOUSING EXIT QUESTIONNAIRE



Please take a moment to complete this form. Your feedback will be used to make various improvements in our residence life program to meet the changing needs of our residents.
Name (optional):
DATE
DATE
Age: Semesters Lived in Residence Halls:

	маіе	⊔ Female		Age: Sei	mesters Lived II	n Residence	Halls:	
Hall(s) you live(d) in:								
		□ Spanton	Exchange	Townhouses	Exchange		🗆 Orr	
		□ Grant	Gallucci	Ritchie	□ Sisler-McFa	awn	Honors	
	Spicer	South						
Campus Involvement:								
	🗆 Flo	oor Representat	tive 🗆 Hal	l Government	Communit			
	🗆 St	udent Organiza	itions 🛛 🗆 Frat	ternity/Sorority	Other			
1.				vith the residence h				
	□ Excell		ry Good	□ Good	🗆 Fair	D Poor		
2.	What aspects of residence hall life did you like most? (Check all that apply.) Hall Government Resources Available							
		all Government			□ Resources			
	□ Interaction with Staff			Programs/Activities		□ Meal Plan/Dining		
		ariety of Living	•			□ Good Valu		
		ense of Commu	nity	□ Safety/Security	/	Ability to I	Meet People	
~	□ Other							
3. What factors influenced your decision to leave the residence halls? □ Price/Value □ Safety/Security □ Facilities Maintenance								
		•		□ Safety/Security				
		ivacy	TV fibor optic	□ More Space		Many Rules/F ing Alternative		
		nenities (Cable	iv, inter optics	s, etc.)			25	
Λ	□ Other After moving off campus, will you continue as a University of Akron student?							
ч.								
5	-	-	-			e residence ha	lls? Please	
5.	What recommendations do you have to improve the quality of living in the residence halls? Please be specific regarding: (a) physical facilities, and (b) staffing and programming patterns.							
	be speer	ne regularing: (ning patterns		
6.	What fac	ctors would hav	/e led you to de	ecide to stay in the	residence halls?	Please be spe	ecific.	
7.	Do you l	have any additi	onal comments	and/or suggestion	is?			

THANK YOU FOR YOUR TIME - WE VALUE YOUR INPUT!