

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): _____

Male Female **Age:** _____ **Semesters Lived in Residence Halls:** _____

Hall(s) you live(d) in:

Bulger Spanton Garson Townhouses Orr UApts.
 Brown Grant Gallucci Ritchie Sisler-McFawn

Campus Involvement:

Floor Representative Hall Government Community Service
 Student Organizations Fraternity/Sorority Other _____

1. How would you rate your experience with the residence halls?
 Excellent Very Good Good Fair Poor

2. What aspects of residence hall life did you like most? (Check all that apply.)
 Hall Government Quality of Facilities Resources Available
 Interaction with Staff Programs/Activities Meal Plan/Dining
 Variety of Living Options Proximity to Campus Good Value
 Sense of Community Safety/Security Ability to Meet People
 Other _____

3. What factors influenced your decision to leave the residence halls?
 Price/Value Safety/Security Facilities Maintenance
 Privacy More Space Too Many Rules/Regulations
 Amenities (Cable TV, fiber optics, etc.) Dining Alternatives
 Other _____

4. After moving off campus, will you continue as a University of Akron student?
 Yes No Undecided

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.

6. What factors would have led you to decide to stay in the residence halls? Please be specific.

7. Do you have any additional comments and/or suggestions?

THANK YOU FOR YOUR TIME – WE VALUE YOUR INPUT!