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 _____________________

□ Male □ Female  Age: ______  Semesters Lived in Residence Halls: ______

Hall(s) you live(d) in:
□ Bulger □ Spanton □ Exchange □ Townhouses □ Exchange □ Orr
□ Quaker □ Grant □ Gallucci □ Ritchie □ Sisler-McFawn □ Honors
□ Spicer □ South

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.
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_______________________________________________________________________________
_______________________________________________________________________________

6. What factors would have led you to decide to stay in the residence halls? Please be specific.
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7. Do you have any additional comments and/or suggestions?
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_______________________________________________________________________________
_______________________________________________________________________________
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THANK YOU FOR YOUR TIME – WE VALUE YOUR INPUT!