

**Middle Georgia State University**

**Advisor:** \_\_\_\_\_

**Academic Advising Survey**

**Dept./School:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Directions: Your academic advising experience is important to us. Please help us to improve the quality of academic advising at Middle Georgia State University by completing this anonymous survey thoughtfully and honestly. Using the scale provided, circle a response to each question.*

<b>Statements</b>	<b>1. Disagree Strongly 2. Disagree 3. Neutral 4. Agree 5. Agree Strongly NA Not Applicable</b>					
<b>My Advisor ...</b>						
1. was available at the scheduled time of my appointment.	1	2	3	4	5	NA
2. encouraged me to come by for help.	1	2	3	4	5	NA
3. allowed sufficient time to discuss issues or problems.	1	2	3	4	5	NA
4. gave me accurate information about course requirements and program information.	1	2	3	4	5	NA
5. assisted me in developing a long-term education plan.	1	2	3	4	5	NA
6. helped me understand why required courses are important for my professional development and future plans.	1	2	3	4	5	NA
7. helped me make important educational decisions (selecting elective courses, exploring academic majors/minors, etc.)	1	2	3	4	5	NA
8. helped me to connect with campus resources.	1	2	3	4	5	NA
<b>As an advisee, I ...</b>						
9. made appointments to see my advisor.	1	2	3	4	5	NA
10.kept appointments I made with my advisor.	1	2	3	4	5	NA
11.was well prepared for my appointments.	1	2	3	4	5	NA

12. Please use this space for other comments relating to your advising session.

***We appreciate your taking the time to complete this survey!***