Feedback of Visitors

1. Name (optional)

_____

2. Profession (optional)

_____

3. Date of visit to SCLC

_____

Example: January 7, 2019

4. Please rate the academic enviornment at SCLC

Mark only one oval.

	1	2	3	4	5	
Poor	◯	◯	◯	◯	◯	Excellent

5. Do you feel that purpose of your visit at SCLC is served?

Mark only one oval.

- ◯ Yes
- ◯ No

6. Please rate the hospitality your received at SCLC

Mark only one oval.

1	2	3	4	5
◯	◯	◯	◯	◯

7. Your experience at SCLC

_____

8. Any specific suggestion for improvement

_____

_____

_____

_____

_____

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