

Advisor Evaluation Form

To the student: *In a continued effort by the college to recognize and reward faculty advising, we ask you that you fill out this form and drop-off the form in the ballot box in the student affairs office in your department (in order to maintain anonymity) along with your faculty advising form with your pre-registration information for the next semester.*

Please select between 1 and 5 for each of the statements: 1 for strongly disagree and 5 for strongly agree.

My Advisor is (Name _____)

Signature of Advisor _____)

	Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
1. Shows genuine concern for my academic and professional development	1	2	3	4	5
2. Has detailed knowledge of curriculum and provides good advice about courses	1	2	3	4	5
3. Was available at posted advising time during advising week	1	2	3	4	5
4. Encourages students to come at other times beyond the required meeting during advising week	1	2	3	4	5

Comments: _____

Attach additional sheets if necessary