

THIRD PARTY COMMENT FORM

*Name of Third Party: _____

Email and Phone Number
(for follow-up questions): _____

*Date: _____

*Name of College or University: _____

Your Relationship to the Institution:

Student

Current

Former

Graduate

Faculty Member

Staff Member

Employer

Other (state relationship: _____)

Please provide any comment about the institution's quality or effectiveness:

What is the basis of your comment?

(* Denotes a required field)