



# College of Pharmacy Office of Student Affairs

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Suggestions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you like to be contacted to further discuss this issue?    **Yes**    **No**

If so:

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Thank you for taking the time to share your thoughts with us. We appreciate your input and will try our best to address your needs.