

**PROGRAM REVIEW
ADVISORY COMMITTEE MEMBER SURVEY**
Alamance Community College
PO Box 8000
Graham, NC 27253

Please complete the following survey in order to help us improve our programs of study at Alamance Community College.

Please indicate the following:

Name of Advisory Committee:

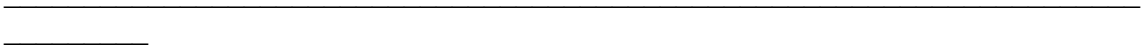
Your Name: _____
This will remain confidential.

1. My advisory committee meets at least two times each year. **Yes No**

Tell us if you Agree Strongly (AS), Agree (A), Disagree (D), Disagree Strongly (DS), or have No Assessment (NA) with the following statements.

	AS	A	D	DS	NA
2. When joining the advisory committee, I was informed of the role the committee plays in strengthening the program.					
3. I am aware of the content of the program.					
4. I am kept informed of any changes.					
5. The advisory committee that I serve on is active and contributes useful suggestions to enhance the program.					

Please use the space below to provide suggestions about how we can improve either the role of your advisory committee or the program of study.



Thank you for your participation in this survey!