



CSUSB

Student Advocate Feedback Report

Name: _____

Date: _____

Approximate Number of Student Interactions: _____

Where did you collect the feedback? (Check boxes below)

At a Program/Event – Please specify _____

During Tabling

Campus Walkthroughs

Other – Please explain: _____

Questions asked or campus issues addressed:

Feedback received:

Any feedback that stands out to you?