Student General Feedback

INSTITUTE OF INTELLECT BLENDING
RTO No. 41282 CRICOS No. 03526A

Students are encouraged to use this form to provide feedback in matters relating to your study experience at IIB. Your feedback is valuable as it helps us develop and improve our student facilities and services.

Details

Course type	☐ BSB40120 Certificate IV in Business	☐ BSB50120 Diploma of Business (operations)
	☐ BSB50420 Diploma of Leadership and Management	☐ BSB50820 Diploma of Project Management
	☐ BSB60120 Advanced Diploma of Business	☐ BSB60420 Advanced Diploma of Leadership and Management
	☐ BSB80120 Graduate Diploma of Management (Learning)	☐ ICT50220 Diploma of Information Technology
	☐ ICT60220 Advanced Diploma of Information Technology	
Student ID (optional)		
Date		

My feedback relates to (please select the appropriate option/s)	Area/s of concern	Please provide details
	☐ **Academic** (quality of study, trainers, etc.)	
	☐ **Administrative** (course progress, tuition fees, etc.)	
	☐ **Others** (personal issues)	

Thank you for your feedback. It will be referred to the Principal Executive Officer.

Action taken to resolve issue/ improvement (for office use only)							

Date received							
Feedback from	☐	**Reception**	☐	**Moodle** (survey monkey)	☐	**Website/ Email**	
Response/ action to address issue/ improvement							
Initiated by			**Signature**				
Position			**Date initiated**				
Approved by			**Signature**				
Position			**Approval date**				

Follow-up required	☐	Yes	☐	No	☐	Not required	
If yes, when?							
Required follow-up actions							
Staff responsible							
Position							