Glencoe Institute of Higher Education

Student Feedback Form

Purpose

This Form allows students to provide feedback on academic or non-academic aspects of their experience at Glencoe Institute of Higher Education. Feedback supports the Institute's quality assurance and continuous improvement processes.

Note: This Form is for general feedback and suggestions only. Students wishing to lodge a formal grievance or appeal should refer to the *Student Grievance Management Policy and Procedure* and submit the *Student Grievance and Appeal Form*.

Please submit this Form to the Student Services Officer at Glencoe Institute of Higher Education in person at: Level 2, 100–104 Murray Street, Perth WA 6000, Australia or via email to: info@glencoeinstitute.com.au.

Personal Information

☐ I wish to submit this feedback anonymously.
(If selected, personal details below may be left blank.)

Student ID:			
Title:	☐ Mr ☐ Ms ☐ Mrs ☐ Other _____		
Family Name:			
Given Name/s:			
Course/ Major:	Bachelor of Business Administration ☐ Accounting Major ☐ Information System Major ☐ Hospitality Management Major ☐ Marketing Major		
Email Address:		Mobile No.:	
Preferred Contact Method (optional):	☐ Email ☐ Telephone ☐ No response required (Feedback only)		

Feedback Area

Please tick the area that best relates to your feedback:

	Academic Experience		Student Services and Support		Campus Environment and Facilities		Other Feedback
☐	Subject content and structure	☐	Orientation program	☐	Classroom facilities	☐	Policies or procedures
☐	Teaching quality or learning activities	☐	Academic support services	☐	IT resources and equipment	☐	Student engagement activities
☐		☐		☐	Study spaces	☐	General student experience

☐	Assessment tasks or workload	☐	Student wellbeing support	☐	Safety or campus environment	☐	Other (please specify): _____
☐	Learning resources or library services	☐	Administrative services				
	Learning Management System (LMS)		Communication from the Institute				

Feedback Details

Please describe your feedback, suggestion, or comment.

If relevant, please provide any suggestions for improvement.

Supporting Information (Optional)

If you wish to provide supporting documentation or examples, please attach them with this Form.

Document Description/s	Attached
	☐
	☐
	☐
	☐

Declaration

By signing this Form, I confirm that:

1. The information provided in this submission is accurate and complete to the best of my knowledge;
2. I understand that the Institute may request additional information to assist in reviewing this matter;
3. I acknowledge that the Institute will assess this submission in accordance with its policies and procedures;
4. I consent to the Institute collecting, using, and managing my personal information for the purpose of investigating and resolving this complaint or appeal in accordance with applicable privacy legislation.

Signature:			
Full Name:		Date:	

Official Use Only

Reference No.:		Date Received:	
Receiving Staff Member:		Position:	
Outcome / Action Taken:			

Quality Assurance Monitoring

☐ Feedback recorded in accordance with *Records Management Policy and Procedure.*

Referred to relevant Institute Committee (if applicable):

☐ Teaching & Learning Committee
☐ Academic Board
☐ Executive Management Team

☐ Continuous improvement action required.

Student Support Manager:		Signature:		Date:	
Dean (or Delegate):		Signature:		Date:	