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**GENERAL GUIDANCE**

The purpose of this form is for AUM students to offer their feedback about AUM student life and to share their ideas for improving same.

**STUDENT DETAILS**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

AUM ID: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**IDEAS FOR IMPROVEMENT**

Please briefly describe your ideas below.

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**ANY OTHER FEEDBACK?**

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**SIGNATURE**

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| Name | Signature | Date |
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**PLEASE RETURN THIS FORM TO BOTH THE STUDENT UNION (SU) & DIRECTOR OF STUDENT AFFAIRS**

Email: [student.union@aum.edu.mt](mailto:student.union@aum.edu.mt)

Email: [dave.oshaughnessy@aum.edu.mt](mailto:dave.oshaughnessy@aum.edu.mt)

Director of Student Affairs.