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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | MAYS Data: | Overall | Completed by | | Student Category | | | | | Students | Parents | First College | Transfers | International | Second Degree Nursing | | Does things properly the first time |  |  |  |  |  |  |  | | Takes responsibility for resolving a problem or issue when it arises |  |  |  |  |  |  |  | | Is eager to work with or help me |  |  |  |  |  |  |  | | Treats me like a person, not a number |  |  |  |  |  |  |  | | Always acts professionally |  |  |  |  |  |  |  | | Overall, is committed to providing excellent customer service |  |  |  |  |  |  |  | |
| MAYS Comments: *(Summarize any themes that emerged from MAYS survey results regarding service quality)* |
| Other Service Quality Information: *(Summarize any additional research the office has conducted on service quality. Include a discussion of the methods and basic findings. If no additional research has been conducted, leave section blank)* |
| Action Plan: *(Based on the data and information, list the changes and improvements that will be made in the department to improve service quality).*   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **GOAL** | **Rationale for goal** | **Action to Achieve Goal** | **Timeline** | **Indicators of Success** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |
| Current Behavioral Expectations*: (List any guidelines the office has regarding how staff are to interact with faculty and staff (e.g., time to return emails, required phone etiquette, wearing name tags)).* |