



Industry Partner Satisfaction Report

The Office of Applied Research would appreciate you answering the following key questions to help us improve our quality of services delivered to you and the level of your satisfaction.

Company Name: _____

Company Representative: _____

Project Title: _____

Project Start Date: _____ **Project Completion Date:** _____

College Lead Researcher (Name and Campus): _____

On scale on 1 to 5, please provide your assessment of the services delivered		Low 1	2	3	4	High 5
What is your level of satisfaction with:						
1	a) response time to your inquires					
	b) professionalism of the college staff you collaborated with in relation to this project					
	c) the product generated, if any					
	d) overall quality of service					
2	What would you say is the likelihood of completing another project with CNA in the future					
3	What is your estimate of the expected increase in business revenues as a result of this research assistance? (in range of 0 to 100%)					
4	Any comments/suggestions to improve our service delivery for the future.					
5	Please provide a Testimonial to the college (optional)					
6	Signature of Company Representative: _____ Date: _____					