



**SABANCI UNIVERSITY
INTEGRATED MANUFACTURING
TECHNOLOGIES
RESEARCH AND APPLICATION CENTER**

Istanbul Teknoloji Geliştirme Bölgesi, Teknopark Bulvarı, No:1
34906 Pendik /İSTANBUL

CUSTOMER SATISFACTION SURVEY

Our Dear Customer,

This survey in your hand is of great importance in order to better understand your needs and expectations, to evaluate ourselves and to improve our services to you. Pls. submit the form by mail or email of suimc-info@sabanciuniv.edu.

Thank you in advance for taking the time to fill in our survey.

1. About

Customer Name, Surname:

Institution name:

Tel:

e-mail:

Address:

Individual Institution University

If Individual : Master/PhD Lecturer/ Researcher Entrepreneur

If Institution : Private Public

If Producer : Main Industry OEM

2. About our Services

Why/how did you choose us?

(multiple boxes can be ticked)

Due to the positive outlook I gathered from your website

In light of the information I gathered from Sabanci academicians and administrative staff

Since I trust in "Sabanci" brand

Through the information I gathered from the media

Due to the positive outlook I had from my visit to your center

Because I believe in the power of Industry-University collaboration

Because I was satisfied with the quality of the service I had received before

Through the references of your customers

Since I do not have any other service provider

Since I trust your objectivity

Other:

Please specify the service you had:

Lab services

Prototype Production

Design and Simulation

R&D

Educational

Counselling

3. About our Service and the Service Process

Please indicate your opinion between 1 and 5.

(1: Very bad 2: Bad 3: Should be improved 4: Good 5: Very good)

		1	2	3	4	5
a.	Has your application been answered in time?					
b.	Did you contact the right person?					
c.	Are you satisfied with the overall attitude of the SU IMC staff you contacted?					
d.	Do you think the SU IMC staff you contacted are technically capable?					
e.	Did you receive your offer within 3 working days of your application?					
f.	Do you think the service duration was reasonable?					
g.	Before the service, do you think enough information was given to you?					
h.	Did you receive the service in due time?					
i.	Are you satisfied with the quality of the service you had?					
j.	Did you get your report/bill in time?					

4. About your Commitment

Would you prefer us again? Yes No

If your answer is yes please specify the criterias above that led you to prefer us. (Pls. put X in related boxes below)

a	b	c	d	e	f	g	h	i	j

If your answer is no, please specify:

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Would you recommend us to others?

Please respond in 1-10 scale.

(1-6: I don't recommend 7-8: I hesitate to recommend 9-10: I certainly would recommend)

1	2	3	4	5	6	7	8	9	10

Date of Your Survey Completion : .../.../.....

DEAR CUSTOMER,
THANKS FOR YOUR PARTICIPATION.