

FACULTY OF PHARMACY

Library Suggestion Form

We thank you for your patronage and support, your suggestions may be useful in

improving our services. Name of the User: ID/Registration No: _____ Programme/Department: Batch _____ Mobile # _____ Email ID: Other: University Staff

, Guest

, ______ Please write your suggestions in the following area briefly and precisely on how to improve and serve you better. Date: **Signature of the Student** ------ For office use only ------Checked by: _____ Points noted: Yes / No Suggestion Status: Resolved / Pending / Withheld. Date: / /

Staff Signature

RUAS-FPH Suggestion Form #