

Museum, NUS Centre for the Arts Feedback Form

Date of visit: _____

1 Is this your first visit to our Museum?
Yes _____ No _____ (when was your last visit?) _____

2 Was the event informative and beneficial?
Yes _____ No _____
Why? _____

3 The duration of the event was
 Just Nice Too Long Too Brief

4 The speaker (if applicable) was
 Excellent Good Average Poor

5 The guided tour (if applicable) was
 Excellent Good Average Poor

7 The materials provided for the session (if applicable) were
 Excellent Good Average Poor

8 How did you hear about our Museum?
 Website Word of mouth Others _____

9 Comments/suggestions:

Be in Our Mailing List

About you

Name:

School:

Email Address:

Contact No: (H) _____ (HP) _____

*Thank you
and we look forward to seeing you again*