



# LAMAR

## UNIVERSITY

**International Student Services Office**

PO Box 10078, Beaumont, TX 77710

Telephone: (409)880-7635, Fax: (409)880-8414

Web: [www.lamar.edu](http://www.lamar.edu) Email: [international@lamar.edu](mailto:international@lamar.edu)

## Suggestions/Feedback Form

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

LU ID: \_\_\_\_\_ Major: \_\_\_\_\_ Level of Study: \_\_\_\_\_

Personal Email: \_\_\_\_\_ Lamar Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Home Country: \_\_\_\_\_

Feedback/Suggestion: \_\_\_\_\_

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Signature: \_\_\_\_\_