

# Applicable Student Commute Survey

**Student's Daily Commute.**

Do you:

Live off campus and are a full-time commuting student

Yes  No

Begin and complete classes between 6:00 am and 8:00 pm

Yes  No

Use your car for work/class assignment (not commuting) less than five times per month

Yes  No

If you meet all of the above criteria, please complete the following section.

**Home-to-school commute trips**

During a typical 5-day school week, indicate how you typically commute from home-to-school during the period of \_\_\_\_\_ to \_\_\_\_\_. For example, if you typically drive to school alone during the school week, enter "5" for the Drive Alone commute mode. If you take more than one mode of transportation to school each day, only count the mode taken for the longest distance during your commute to school.

Commute Mode	# trips during typical 5-day school week
Drive Alone	
Carpool (2-6 commuters) <sup>1</sup>	
Vanpool (7+ commuters)	
Public Transit	
Bicycle	
Walk	
Telecommute	
Flextime Day Off	
Other <sup>2</sup>	
Out of Office <sup>3</sup>	
<b>Total week's trips (max 5)</b>	

<sup>1</sup>Includes being dropped off at school.

<sup>2</sup>Includes other commuting modes not listed here, such as motorcycle.

<sup>3</sup>Includes time "out-of-office" due to vacation, sick, jury duty, off-site meeting, scheduled day off, etc.

**Commute Background Information.** Please provide the following information regarding your commute to school:

- What other commute options are of interest to you?  
carpool vanpool bicycle public transit walk to work other \_\_\_\_\_
- What improvements would you like to see in public transit that would encourage you to commute more frequently by public transit (e.g. availability of nearby public transit, on-site purchase of transit passes, improved schedules)?  
 \_\_\_\_\_
- What can this facility do to encourage you to take other alternative forms of transportation (e.g., carpool, vanpool, bicycle, walk)?  
 \_\_\_\_\_
- Optional: What city/town do you commute from? \_\_\_\_\_

Student Name: \_\_\_\_\_ Contact Telephone No: \_\_\_\_\_ Date: \_\_\_\_\_

***Thank you for responding to this survey.***