



## COURSE EVALUATION FORM

**Course Title:** \_\_\_\_\_ **Course Leader:** \_\_\_\_\_

*Please circle a rating of 1 (low) to 5 (high) for the satisfaction of each these activities:*

- |   |           |
|---|-----------|
| 1. Overall satisfaction with the topic and material presented in class                                  | 1 2 3 4 5 |
| 2. Did you like the length of this class (# weeks class met). Was it too short, too long or just right? | 1 2 3 4 5 |
| 3. Did you like the 1.5 hour class format?  | 1 2 3 4 5 |
| 4. Course leader knowledge  | 1 2 3 4 5 |
| 5. Format of this class (lecture, discussion, guest speakers, etc.)                                     | 1 2 3 4 5 |
| 6. Handouts and website postings (if any)   | 1 2 3 4 5 |

*Please add any comments or suggestions on the back of this form.*  
What did you like/not like about the course?  
What would you change?

**Thank you for taking the time to complete this survey. Please drop surveys at the Welcome Desk.**



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