

# Degree Level Course Evaluation Form

Date: \_\_\_\_\_ Instructor: \_\_\_\_\_ Term (ie – Fall/04) \_\_\_\_\_

Course Number: \_\_\_\_\_ Course Name: \_\_\_\_\_

1. What is your overall rating of this course?  
a) Excellent   b) Very Good   c) Good   d) Fair   e) Poor

2. Would you recommend this course?      Yes      No  
Explain:

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3. What was the best feature of this course?

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4. How might this course be improved?

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5. What is your overall rating of this instructor?  
a) Excellent   b) Very Good   c) Good   d) Fair   e) Poor

Comments:

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6. What is your evaluation of the assigned readings?

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7. What is your overall rating of the physical environment?  
a) Excellent   b) Very Good   c) Good   d) Fair   e) Poor

Comments:

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**Please Return To:**  
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