

Student Course Evaluation Feedback Form

Student Name (optional)

Course Name

Instructor Name

Semester / Year

Course Content

Rate:

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Comments about the course content

Instructor Effectiveness

Rate:

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Comments about the instructor

What aspects of the course could be improved?

What did you like most about this course?

Additional Comments or Suggestions