

Student Course Evaluation Form

Student Name (optional)

Course Title

Instructor Name

Semester

Please rate the following:

1 = Poor, 5 = Excellent

Course Content

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Instructor Effectiveness

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Learning Environment

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Course Materials

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

What did you like most about this course?

How could this course be improved?

Additional Comments