

Academic Course Improvement Survey

Course Details

Course Name

Instructor

Semester

Student Information

Your Name (optional)

Your Email (optional)

Year of Study

 Select

Survey Questions

1. How would you rate the overall quality of the course?

Excellent Good Average Poor

2. The course materials were clear and helpful.

Strongly Agree Agree Neutral Disagree Strongly Disagree

3. In which areas do you think the course can be improved? (Select all that apply)

Course Content Study Materials Teaching Method Assessments

Student Engagement

4. Please provide any additional comments or suggestions.