

# Academic Course Improvement Survey

## Course Details

Course Name

Instructor

Semester

## Student Information

Your Name (optional)

Your Email (optional)

Year of Study

## 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.