



School of Continuing Education

CE SCHEDULE COURSE EVALUATION

TO BE COMPLETED BY STUDENT ONLY

Date: _____

Course Title: _____

Instructor: _____

Campus/Site Location: _____

Key: 5= outstanding 4= good 3= fair 2= needs work 1= unsatisfactory

The instructor:

1. The presenter was prepared and knowledgeable on the topic.

5 4 3 2 1

2. The course met my expectations.

5 4 3 2 1

3. I learned something new.

5 4 3 2 1

4. Enough time was allotted to cover all materials.

5 4 3 2 1

5. I would recommend this course to others.

5 4 3 2 1

What additional Continuing Education courses would you like to see offered? _____

Comments/Recommendations:
