

# Course Feedback Form

Enter a response in the empty boxes or encircle the appropriate response.

Academic year/Term	2	0			January   August
Course number					
Course title					
Number of credits		:			
Type of the course	Core   Elective				

## I. About the course

- |  |                            |
|--|----------------------------|
| 1. Coverage of the syllabus            | Good   Satisfactory   Poor |
| 2. Emphasis on fundamentals            | Good   Satisfactory   Poor |
| 3. Relevance of the subject matter     | Good   Satisfactory   Poor |
| 4. Usefulness of assignments and tests | Good   Satisfactory   Poor |
| 5. Overall rating of the course        | Good   Satisfactory   Poor |

## II. About the Instructor

- |   |                            |
|---|----------------------------|
| 6. Pace of the lectures and/or laboratories | Good   Satisfactory   Poor |
| 7. Clarity of expression                    | Good   Satisfactory   Poor |
| 8. Level of preparation and enthusiasm      | Good   Satisfactory   Poor |
| 9. Interaction and accessibility            | Good   Satisfactory   Poor |
| 10. Overall rating of the instructor        | Good   Satisfactory   Poor |
| 11. Grading                                 | Fair   Unfair              |

## III. About the student

- |   |                                   |
|---|-----------------------------------|
| 12. Percentage of the classes attended            | High   Moderate   Low             |
| 13. Self-assessment of performance in this course | Good   Satisfactory   Poor        |
| 14. Your interest in the subject after the course | Increased   Decreased   No change |

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**Additional comments** (strongly encouraged to write views not covered above)