Course Name: ______________________________________
Quarter: __________________________________________
Professor: __________________________________________

Please complete this form and return it in class. Your comments will help us to evaluate our instructors, courses, and administrative procedures.

1. How would you evaluate the instructor’s teaching?
   excellent   good   satisfactory   fair   poor

   Additional comments:

2. How would you rate the course readings and other course materials?
   excellent   good   satisfactory   fair   poor

   Additional comments:

3. How would you rate the organization of this course (e.g., coherence and order of syllabus, lectures, and presentations)?
   excellent   good   satisfactory   fair   poor

   Additional comments:

4. Did you find this course:
   very challenging   moderately challenging   not challenging

   Additional comments:

5. Based on the description in the course catalogue, did this course meet your expectations? Please explain.
6. Please evaluate the course catalogue in terms of ease-of-use, clarity, and organization:

   excellent   good   satisfactory   fair   poor

   Additional comments:

7. Please evaluate your experience with our registration procedures:

   excellent   good   satisfactory   fair   poor

   Additional comments:

8. How effective were the confirmation procedures (i.e., parking instructions, explanation of library privileges, instructions on obtaining course materials, classroom location, receipt for payment, etc.)?

   excellent   good   satisfactory   fair   poor

   Additional comments:

9. Which method did you use to register for Continuing Studies courses this quarter? (check only one)
   □ Web Site
   □ Fax
   □ US Mail
   □ In-person

10. If you used the website to register, how would you rate the “Course Cart” system?

    excellent   good   satisfactory   fair   poor

    Additional comments:

Please use this space to make any additional comments on your Continuing Studies Program experience: