

Guest Lecturer Student Feedback Form

Please complete this feedback form. Since this form is designed for printing, you may fill out the fields below before printing, or print the document directly to fill it out by hand.

General Information

Course Title / Code:

Name of Guest Lecturer:

Topic of Lecture:

Date:

Evaluation

Please rate the following statements on a scale of 1 to 5 (1 = Strongly Disagree, 5 = Strongly Agree):

1. The presenter was well-prepared and organized:

2. The content was presented clearly and was easy to understand:

3. The presenter kept the audience engaged and interested:

4. The topic was relevant to the course learning objectives:

5. The presenter responded effectively to student questions:

Comments and Suggestions

What did you find most valuable about this lecture?

What suggestions do you have to improve future guest lectures?

Additional Comments: