

End of Semester Course Evaluation Form

Please complete this evaluation form to help us improve the course. Write your responses clearly in the spaces provided.

General Information

Course Title:

Instructor Name:

Semester and Year:

Date:

Course and Instructor Evaluation

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

Statement	Rating (1-5)
1. The course objectives were clearly defined at the start.	<input type="text"/>
2. The course materials (books, readings, slides) were helpful.	<input type="text"/>
3. The workload was appropriate for the level of this course.	<input type="text"/>
4. Assignments and exams reflected the course content.	<input type="text"/>
5. The instructor was well-prepared for each class session.	<input type="text"/>
6. The instructor encouraged participation and questions.	<input type="text"/>
7. Feedback on assignments was timely and constructive.	<input type="text"/>

Written Feedback

What did you like most about this course?

What aspects of the course could be improved?

Additional comments or suggestions: