Course Feedback Form PDF

Student Information

- **Name:** _____
- **ID Number:** _____
- **Course Title:** _____
- **Instructor Name:** _____
- **Semester:** _____

Evaluation

Criteria	Excellent	Good	Fair	Poor
Content Quality	☐	☐	☐	☐
Teaching Effectiveness	☐	☐	☐	☐
Course Delivery	☐	☐	☐	☐
Class Participation	☐	☐	☐	☐
Resource Availability	☐	☐	☐	☐
Evaluation Methods	☐	☐	☐	☐
Course Organization	☐	☐	☐	☐
Overall Rating	☐	☐	☐	☐

Comments

- **Best Aspects of the Course:** _____

- **Suggestions for Improvement:** _____

- **Any Other Feedback:** _____

Student Signature

- **Signature:** _____

- **Date:** _____