

Student Feedback Form for University

Student Information

- Full Name: _____
- Major: _____
- Course Title: _____
- Instructor's Name: _____
- Semester/Term: _____

Evaluation Criteria

1. The course materials were helpful and relevant to the subject.

- Strongly Agree
- Agree
- Neutral
- Disagree

2. The instructor was well-prepared and organized.

- Strongly Agree
- Agree
- Neutral
- Disagree

3. The grading system was fair and transparent.

- Strongly Agree
- Agree
- Neutral
- Disagree

4. The class discussions and interactions were productive.

- Strongly Agree
- Agree
- Neutral



- **Disagree**

How can the course be improved?

- _____

Rate the overall effectiveness of this course (1-10):

- _____

Additional Feedback

- _____
