**Course Evaluation Form for Students**

**Student Information:**

* **Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Course Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Instructor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Semester/Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Evaluation of the Course:**

1. **Rate the course on the following aspects:**
	* **Content Quality: ☐ Excellent ☐ Good ☐ Average ☐ Poor**
	* **Relevance to Learning Goals: ☐ Excellent ☐ Good ☐ Average ☐ Poor**
	* **Class Activities and Assignments: ☐ Excellent ☐ Good ☐ Average ☐ Poor**
	* **Overall Satisfaction: ☐ Very Satisfied ☐ Satisfied ☐ Neutral ☐ Dissatisfied**
2. **What did you find most beneficial in the course?**
3. **What changes would improve the course?**
4. **Additional Feedback:**

**☐ I confirm that this evaluation reflects my honest feedback.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**