



Department \_\_\_\_\_

Instructor Name \_\_\_\_\_

Course Title \_\_\_\_\_

Course No. \_\_\_\_\_ Section \_\_\_\_\_

CRN \_\_\_\_\_ Term \_\_\_\_\_

## Student Comments

1. What aspects of this course and/or its instruction were positive?

2. What aspects of this course and/or its instruction could be improved?

3. Other Comments: