



**Global Initiative of Academic Networks
Indian Institute of Technology Kanpur
Course Evaluation Form**

Your feedback is critical for the GIAN team to ensure we are meeting your educational needs. We would appreciate if you could take a few minutes to share your opinions with us so we can serve you better.

Course Title: _____

Date: _____ Faculty Member (s): _____

1. Given the topic, was this course a. Too short b. Right length c. Too long

2. In your opinion, was this course: a. Introductory b. Intermediate c. Advanced

3. Please rate the following:

| | Excellent | Very Good | Good | Fair | Poor |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Course overall | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Course Instructor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Quality of Presentation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Course Material | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Video and Acoustics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. Would you recommend this course?

| | | | | |
|-----------------------------|--------------------------|--------------------------------|--------------------------|------------------------------|
| Definitely not recommend | Unlikely to recommend | Recommend with reservations | Likely to recommend | Recommend with enthusiasm |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5. What are the strengths of the course?

6. How could the course be improved?

7. What did you most appreciate/enjoy/think was best about the course?

Thank you!

Please return this form to the Course Coordinator or local support staff at the end of the course.