

Course Evaluation Survey

This is a course evaluation survey. Please take a moment to answer the following questions.

Section I : Course Details

Q1. Which course(s) have you been attending? *(Please tick as many of the options as are applicable).*

- | | |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Course 1 | <input type="checkbox"/> Course 2 |
| <input type="checkbox"/> Course 3 | <input type="checkbox"/> Course 4 |
| <input type="checkbox"/> Course 5 | <input type="checkbox"/> Course 6 |

Q2. Please specify who were your Course Tutor(s). *(You can name more than one).*

- | | |
|----------------------------------|----------------------------------|
| <input type="checkbox"/> Tutor 1 | <input type="checkbox"/> Tutor 2 |
| <input type="checkbox"/> Tutor 3 | <input type="checkbox"/> Tutor 4 |

Q3. On which campus(es) were the course(s) run? *(Please tick as many of the options as are applicable).*

- | | | | |
|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Campus 1 | <input type="checkbox"/> Campus 2 | <input type="checkbox"/> Campus 3 | <input type="checkbox"/> Campus 4 |
|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|

Q4. On which day(s) of the week did you attend your course(s)? *(Please tick all the days applicable to you).*

- | | | | | | | |
|-----------------------------------|---------------------------------|---------------------------------|----------------------------------|------------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Saturday | <input type="checkbox"/> Sunday | <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday |
|-----------------------------------|---------------------------------|---------------------------------|----------------------------------|------------------------------------|-----------------------------------|---------------------------------|

Section II : Your Ratings

Q6. Please select your ratings for the following:

	Excellent	Good	OK	Poor	Very Poor
Tutor(s) knowledge of the subject(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tutor(s) attitude toward student queries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tutor(s) method of teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tutor(s) tests and marks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tutor(s) attitude towards students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q7. How many hours a week did you spend studying for your course(s)?

- | | | | |
|--|--------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Less than 3 hours | <input type="checkbox"/> 3 - 6 hours | <input type="checkbox"/> 6 - 9 hours | <input type="checkbox"/> More than 9 hours |
|--|--------------------------------------|--------------------------------------|--|

Q8. How long did your final project / assignment take?

- Less than 1 day 1 - 3 days 3 - 5 days Over 5 days
 Did not do a project

Section III : Other Information

Q9. Did you have prior interest in the subject(s) covered by your course(s)? Yes No

Q10. Are you likely to take any other related course(s)? Yes No

Q11. Do you feel that your tutor(s) generated further interest, for you, in your subject(s)? Yes No

Q12. Would you recommend (Name of Institution) to others? Yes No

Q13. Are you: Male Female

Q14. Other comments (if any):

Thank you for completing this survey.