Student Evaluation Form For Fourth Year Electives

Elective Name/Code: ___________________________  Month & Year: _______________

Site: ___________________________  Course Director: ___________________________

Please use the following response scale:
1 = Strongly Agree  2 = Agree  3 = Disagree  4 = Strongly Disagree  5 = No Opinion

1. Overall the elective was a stimulating and positive experience  __________
   Please explain:

2. I would recommend this elective to other students  __________
   Please explain:

3. What do you perceive as the major strengths of this elective?

4. What do you perceive as the major weaknesses of this elective?
5. To what extent do you think you have acquired the knowledge indicated in the elective objectives (front page of the evaluation form)?

6. Please indicate your suggestions for improving or enhancing this elective.

Thank you very much for your help. This information will be very helpful to your classmates and the course directors.