



**Global Initiative of Academic Networks  
Indian Institute of Technology Kharagpur  
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.**