

Long Island University/School of Continuing Education
Southampton Graduate Campus

Course Evaluation

The purpose of this evaluation is to improve our course and services for students. You can help us to do this by responding to each item below. Please circle your responses where appropriate, and return this form in the enclosed envelope. All evaluations are confidential. Please mail to: School of Continuing Education; Southampton Graduate Campus; 239 Montauk Hwy.; Southampton, NY 11968. Thank you for your assistance.

Course: _____ Instructor: _____

1. Was the material presented in this course well organized?
a) Yes b) No c) Sometimes
2. Was the instructor able to communicate the course material effectively?
a) Yes b) No c) Sometimes
3. Did this course meet your expectations?
a) Yes b) No c) Partially
4. How did you find the facilities (classroom, lab, equipment, etc...)?
a) Excellent b) Good c) Fair d) Poor
5. Did your class begin and end on time (as indicated in the catalog)?
a) Yes b) No c) Sometimes
6. How did you register?
a) Phone b) Mail c) In person d) Fax
7. Was our office staff helpful and courteous?
a) Yes b) No c) Comments _____

8. Was every effort made to accommodate the completion of the required course hours?
a) Yes b) No c) Partially
9. Would you recommend this course to a friend?
a) Yes b) No c) Maybe
10. Would you take another course with this instructor?
a) Yes b) No c) Maybe
11. Is there anything else that you would like to tell us that would improve our courses or services to students?
