

# Seiler School of Real Estate

## Independent Study Course Evaluation Form

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Course Completion Date: \_\_\_\_\_

<b><u>Instructor:</u></b>	<b><u>Low</u></b>				<b><u>High</u></b>
Orientation was thorough and clear	1	2	3	4	5
Demonstrated knowledge of course content	1	2	3	4	5
Encouraged feedback and questions	1	2	3	4	5
Responded to my questions quickly	1	2	3	4	5
Instructor's support of student	1	2	3	4	5
Instructor / student interaction	1	2	3	4	5
<b><u>Content / Materials:</u></b>					
Organization of content	1	2	3	4	5
Course objectives clearly stated	1	2	3	4	5
Content was what I expected	1	2	3	4	5
Value of resource materials	1	2	3	4	5
Ease of use of testing materials	1	2	3	4	5
<b><u>Delivery Method:</u></b>					
Satisfied with my learning experience	1	2	3	4	5
Course provided interactivity with instructor	1	2	3	4	5
Program met my needs	1	2	3	4	5
Degree of problems with self paced instruction	1	2	3	4	5
Satisfaction with the internet technologies utilized in course	1	2	3	4	5

How was the orientation session accomplished? \_\_\_\_\_

Who answered your questions regarding course content? \_\_\_\_\_

Were they able to sufficiently help you? If not explain. \_\_\_\_\_

What suggestions do you have to improve this program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_