THE OSHER LIFELONG LEARNING INSTITUTE AT TOWSON UNIVERSITY
COURSE EVALUATION FORM

Please do NOT fold this form. We must make copies and folded ones get hung in the machine!

Title of Course______________________________________________________________

Instructor_______________________________________________________________________

Please circle the appropriate number for each item below:

<table>
<thead>
<tr>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Course Content

Course Instructor

Handouts (if applicable)

Visuals (if applicable)

Did this course meet the objectives or description as stated in the catalogue? YES NO UNDECIDED

Why or why not?________________________________________________________________________

Did this course meet your personal expectations? YES NO UNDECIDED

Why or why not?________________________________________________________________________

What would you suggest to improve the course?________________________________________________

_______________________________________________________________

Other Comments________________________________________________________________________

Send completed form to: Osher Institute, Towson University, 8000 York Road, Towson, MD 21252-0001