

Technology Solution Center

TRAINING FEEDBACK FORM

Training Session: _____ Date: _____

Name: _____

email address: _____

Program: ARCH/ URSP/ HISP/ RDEV
 Masters/ Undergrad

- Was the training up to your expectations?
 - Yes
 - No
- Would you like more time with the Instructor for this program?
 - Yes
 - No
- If yes what timings will be convenient for you?

- What more material would you like to be included in the session?
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