

**Course Evaluation Form**

Title of Course Taken: \_\_\_\_\_ Date of Course: \_\_\_\_\_

Please complete this form - it is required for CE or PE credit. (ALL Items with "\*" are REQUIRED)

- \* NMLS# \_\_\_\_\_
- \* Name (as appears on License) \_\_\_\_\_
- \* Company Name (Use N/A if no company) \_\_\_\_\_
- \* Address, City, ST, Zip \_\_\_\_\_
- \* Phone \_\_\_\_\_ \* Email \_\_\_\_\_

	<u>Excellent</u>	<u>Good</u>	<u>Average</u>	<u>Fair</u>	<u>Poor</u>
* Instructor knowledge of subject matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Instructor ability to answer questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Course met stated objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Course met my expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Learned or gained new insight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Likelihood of recommending course to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**RECOMMENDATIONS ON COURSE**

What did you find helpful? \_\_\_\_\_

What di you find least helpful? \_\_\_\_\_

What other topics would you like to learn more about?

(circle as many as needed)

- FHA/ VA
- Marketing
- Internet Sales/Social Media
- Products
- Processing
- Sales Seminars
- In-House Programs
- Other: \_\_\_\_\_

Please provide any testimonial -  Check this box if we may use it in marketing material (use back if necessary)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Position (Circle One): MLO    Manager    Processor    Owner    Compliance    Other

**PLEASE FAX OR EMAIL THE COMPLETED EVALUATION FORM TO MTI:**

Fax: 303.379.7136      Email: customerserv@clubmti.net