

Washington Gateway Course Evaluation Form

Course Title: _____ Semester: _____ Date: _____

It will only take you a few minutes to complete these questions. Your responses will remain confidential, unless you voluntarily give your name at the end. Thank you for your time.

Please answer how you feel about each statement by circling a number from 1 (agree strongly) to 5 (disagree strongly). Select one number that best describes your feelings.

	Agree Strongly	1	2	3	4	5	Disagree Strongly
1. I believe this course gave me new insights/perspectives on the subject		1	2	3	4	5	
2. I found this course to be unique and interesting		1	2	3	4	5	
3. I enjoyed the course trips/sights/activities provided in this course		1	2	3	4	5	
4. I believe trips in this course were sufficient in number and time spent traveling		1	2	3	4	5	
5. I found the trips to the metro area gave me "hands-on" understanding and were related to course lectures		1	2	3	4	5	
6. I would recommend this course to other students		1	2	3	4	5	
7. I would say this course has broaden my horizons		1	2	3	4	5	
8. I was satisfied with the travel arrangements made in this course		1	2	3	4	5	
9. I was satisfied with the number of days and times the class met		1	2	3	4	5	
10. I felt this course was a great learning experience		1	2	3	4	5	
11. I feel this course was worth the extra time/effort spent traveling		1	2	3	4	5	
12. I feel this Gateway course should be a required class		1	2	3	4	5	
13. I believe the experiences in this course are worth any extra expense to students, should Gateway funding be nonexistent		1	2	3	4	5	

OVER

14. If you were to make any changes on any aspect of this course, what would they be?

15. Any additional comments

BACKGROUND

16. How many credit hours have you completed prior to this Gateway course (estimate if you do not know)?
_____ hrs

17. Class Standing (First Year, Sophomore, Junior, Senior) _____

18. Major field(s) of study _____

19. Degree you are pursuing (BA, BS, BFA, RBA) _____

OPTIONAL SECTION:

First Name: _____ Last Name: _____

May we have permission to use all or any part of your comments for publicity? If so, please sign and date. Thank you.

Student Signature

Date