

OLLI@UCI FEEDBACK FORM

Date: _____

Feedback is important to us for further course development.

Course No/Title: _____ **Presenter:** _____

1. Did this course or activity match the catalog description? (circle one) **Yes No**

2. Would you recommend this course to a friend? (circle one) **Yes No Maybe**

3. Please circle the appropriate description for each of the following:

(a) Presentation of information / topics: **Excellent Good Fair Poor** (b) Organization of information: **Excellent Good Fair Poor**

(c) Course visual/audio/computer information: **Excellent Good Fair Poor** (d) Opportunities for discussion/participation: **Excellent Good Fair Poor**

4. Please make personal comments and/or list any courses/special events that you would like to see offered by OLLI.

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