



# Student/Course Feedback Form

## Student/Course Feedback Form

**Qualification Level:**

Level 3  Level 4  Level 5  Level 6  Level 7  Level 8

**Subject Area:**  Law  Business  Computer

**Course Title:** \_\_\_\_\_

**Instructor Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### 1. Course Structure and Content

1. How would you rate the clarity of the course objectives and learning outcomes?  
 Excellent  Good  Satisfactory  Poor
2. How effective was the course content in helping you achieve the learning outcomes?  
 Excellent  Good  Satisfactory  Poor
3. Was the course material appropriate for your level of study (e.g., Level 3–8)?  
 Excellent  Good  Satisfactory  Poor
4. Were the topics covered relevant to the subject area (Law, Business, or Computer)?  
 Yes  No

**Comments on Course Structure and Content:**

### 2. Instructor Performance

1. How would you rate the instructor's knowledge of the subject?  
 Excellent  Good  Satisfactory  Poor
2. Was the instructor clear in explaining complex concepts?  
 Excellent  Good  Satisfactory  Poor
3. Did the instructor encourage questions and discussions?  
 Yes  No
4. Was the instructor responsive to student feedback or concerns?  
 Yes  No

**Comments on Instructor Performance:**

### 3. Assessment and Feedback

1. Were the assessments aligned with the learning outcomes?  
 Yes  No
2. How would you rate the clarity of the assessment criteria?  
 Excellent  Good  Satisfactory  Poor
3. Was the feedback provided helpful for your academic progress?  
 Excellent  Good  Satisfactory  Poor
4. Were the assessment methods appropriate for your qualification level?  
 Yes  No

**Comments on Assessment and Feedback.**

### 4. Learning Resources and Support

1. Were the provided learning resources (e.g., readings, slides, tools) sufficient and helpful?  
 Yes  No
2. How would you rate the access to additional resources or guidance?  
 Excellent  Good  Satisfactory  Poor
3. Did you receive adequate academic support throughout the course?  
 Yes  No

**Comments on Learning Resources and Support:**

### 5. Overall Experience

1. How satisfied are you with the overall course experience?  
 Excellent  Good  Satisfactory  Poor
2. Would you recommend this course to others?  
 Yes  No

**Additional Comments:**

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### 6. Suggestions for Improvement

Please provide your suggestions to improve the course:

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**Student Name (optional):** \_\_\_\_\_

**Contact Email:** \_\_\_\_\_

Thank you for taking the time to provide your feedback!