

Please return to: Credit-Free Programs MS #16 ♦ P.O. Box 1046 ♦ Manchester, CT 06045-1046

Course Title: _____ CRN#: _____

Instructor: _____ Course Dates: _____

1. Is this your first credit-free course? Yes No

2. How did you hear about this course?

Continuing Education Catalog (*please specify where you found the catalog*):

Mailed to home

Mall kiosk

Packaged with Reminder

Picked up on campus

MCC website

Picked up off campus (where): _____

Word of Mouth

News Media (which one): _____

Other: _____

3. Did this course meet your expectations? Yes No

4. Instructor Effectiveness (please rate):

a. Clarity of Presentation Excellent Very Good Good Fair Poor

b. Knowledge of Subject Excellent Very Good Good Fair Poor

c. Response to Questions Excellent Very Good Good Fair Poor

d. Text or Handouts (when applicable) Excellent Very Good Good Fair Poor

e. Length of Course Excellent Very Good Good Fair Poor

5. Overall, how would you rate this course? Excellent Very Good Good Fair Poor

6. What could we do to make the course better? _____

7. How would you rate the ease of registration? Very Convenient Fair Inconvenient

Comments: _____

8. If you had a question prior to class, did you get the answers you needed from our staff? Yes No

Comments: _____

9. Would this course be appropriate for other people in your company? If so, who should we contact?

Name: _____ Phone Number: _____

Company: _____

10. What other courses would you like to see offered at MCC? _____

11. To receive announcements about upcoming Credit-Free Programs, please provide us with your email address:

Email: _____

12. Additional Comments (use back if necessary): _____

