

**Course Evaluation Form**

**Course Number:** NRSG\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Course Semester:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Year:** 20\_\_\_ \_\_\_

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

**Please List Faulty/Instructors for this course:**

**Please indicate and/or check all that applies to this course:**

Core Course: [ ] Elective Course: [ ] Credit Hours: \_\_\_\_\_\_\_\_\_ New Course: Yes [ ] No [ ]

Student Enrollment: \_\_\_\_\_\_\_\_\_\_ Grade Distribution: \_\_\_\_A Online/Hybrid Courses: Yes [ ] No [ ]

 \_\_\_\_B

 \_\_\_\_C

 \_\_\_\_D

 \_\_\_\_F

**Course Outcomes:**

 **Major Teaching Strategies and Teaching Effectiveness:**

 **Strengths:**

**Student Feedback:** Please identify *only* the major themes from student evaluations.

**Areas for Improvement/Revision:**  Please include rationale for changes along with anticipated plans for revision and timeline (including any submission to the Curriculum Committee):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Course Coordinator Name (*please print*) Course Coordinator (*please sign and date*)

***Thank you for completing this course evaluation form.***