Session and instructor evaluation form

Instructor name________________________     Date _________________

Please rank the instructor and session on each criterion from a rank of 1 (lowest) to 5 (highest).

1. Quality of presentation
2. Ability of instructor to inspire interest in the topic
3. Overview of pertinent concepts and theory
4. Connection of theory to application
5. Relevance of the topic area to your academic development (note: this should evaluate your perception of the value of the material to your overall development as a student and scientist, not the direct relevance to the specific topic of your thesis)
6. Quality of discussion

Comments (optional, but helpful):
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Student name (again, fully optional) ___________________________________________