The results of this evaluation will: (1) help the instructor to assess the course and his or her teaching; and (2) assist the Honors Office as it seeks to help instructors in reaching their goals. Thank you for giving this evaluation your thoughtful attention.

(Please return to: Arts and Sciences Honors Office, 3180 Smith Laboratory, 174 West 18th Avenue, CAMPUS.)

YEAR: _____  SEMESTER:  AUTUMN ______  SPRING ______

DEPARTMENT __________________________ COURSE NUMBER ______  CREDIT HOURS ___

INSTRUCTOR ____________________________

1. Did this course meet the objectives stated in the syllabus and/or explained by the instructor?

   Yes _____  No _____  Neutral _____  Please comment:

2. Did this course challenge you?

   Yes _____  No _____  Neutral _____  Please comment:

3. Was the instructor generally responsive to student needs in the course?

   Yes _____  No _____  Neutral _____  Please comment:

4. Were there any particular things about the format of the course (such as lecture, discussion, laboratory, readings, projects, etc.) which you found especially helpful in learning about the material presented in the course?

   Yes _____  No _____  Neutral _____  Please comment:

(continued on reverse side)
5. STUDENT INFORMATION

Your year in school: 1 ____; 2 ____; 3 ____; 4 ____; 5+ ____  Total credits earned: __________

Your cumulative grade-point average (GPA):

below 3.0 _____; 3.0-3.19 _____; 3.20-3.39 _____; 3.40-3.59 _____;
3.60-3.79 _____; 3.80-4.00 _____; Does not apply (first semester at OSU) ______

Major(s): __________________________________________

Minor(s): __________________________________________

How many honors courses have you taken? ________

What other honors courses would you like to take? __________________________________________

____________________________________________________

____________________________________________________

ADDITIONAL COMMENTS: 