Student feedback

Background information

Course name:
Department or unit:
Feedback provider's current stage of studies:

Course code in Oodi:
Name of coordinating teacher:
First year of studies:

Please evaluate the statements for the course you just completed.

0 = Cannot say, **1** = Strongly disagree, **2** = Somewhat disagree, **3** = Don't agree or disagree, **4** = Somewhat agree, **5** = Strongly agree	**0**	**1**	**2**	**3**	**4**	**5**
1. The course objectives were clearly defined	☐	☐	☐	☐	☐	☐
2. The most salient points of the course formed a clear entity	☐	☐	☐	☐	☐	☐
3. The method of implementing the course supported my learning well	☐	☐	☐	☐	☐	☐
4. The learning material was appropriate	☐	☐	☐	☐	☐	☐
5. During the course I learned useful things for the development of my expertise in my own field	☐	☐	☐	☐	☐	☐
6. Assessment (examination etc.) was well balanced with the objectives, content and implementation of the course	☐	☐	☐	☐	☐	☐
7. The level of course requirements was suitable	☐	☐	☐	☐	☐	☐
8. The workload of the course was appropriate in relation to the number of credits (1 credit = 27 hours of student work)	☐	☐	☐	☐	☐	☐
9. The course suited my current stage of studies and my personal study plan	☐	☐	☐	☐	☐	☐

Please elaborate, giving reasons:

0 = Cannot say, **1** = Very poor, **2** = Rather poor, **3** = Rather good, **4** = Good, **5** = Excellent	**0**	**1**	**2**	**3**	**4**	**5**
10. Please give an overall assessment of the course	☐	☐	☐	☐	☐	☐

Please elaborate, giving reasons:

Do you have any suggestions for improving the course?

Do you have any other feedback?

Thank you for your feedback!