



**The Alumnae Continuing Education Program
Course Evaluation**

CLASS: _____

PROFESSOR: _____

Please designate your overall rating of the course:

1	2	3	4	5	6
poor	fair	average	good	very good	excellent

Please designate your overall rating of the instructor:

1	2	3	4	5	6
poor	fair	average	good	very good	excellent

Comments:

Please indicate with an “x” the general areas of interest for future courses:

_____ History	_____ Economics	_____ Politics	_____ Science
_____ Religion	_____ Literature	_____ Sociology	_____ Anthropology
_____ Art History	_____ Music	_____ Medicine	_____ Law

_____ **Other (please specify)** _____

This form may be turned in at the last class or mailed to :
ALUMNAE CONTINUING EDUCATION
P. O. Box 2789
Glenview, IL 60025-6789