

OLLI at CSULB CLASS FEEDBACK

Comments are anonymous -- Candid responses are requested by the Instructors

Name of Instructor	Year _____ Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/>
Class Title	Day: _____ Time _____
	Site: Campus <input type="checkbox"/> Pine Ave <input type="checkbox"/> LW <input type="checkbox"/> JCC <input type="checkbox"/> LFC <input type="checkbox"/>

My overall impression of the course:

What would you change or suggest for future presentation of THIS course?

What OTHER courses would you like to see offered?

Additional comments (Use other side of form if necessary.)

Suggestions for new instructors (Name, Phone # or Email, if available):