**Students:** Please fill out the survey below and email it back to Amy Griffin (agriffin@umces.edu). Your response to this survey will be used to improve courses in the future. Thank you!

Course:

Semester:

Instructor(s):

|  |  |
| --- | --- |
| **Learning Outcome** | **Please rate the extent to which you feel these learning outcomes were met in this course.** |
| **Fully Met** | **Well Met** | **Partially Met** | **Attempted to Meet** | **No Demonstration or Attempt** |
| I. Upon successful completion of the course, students should be able to: |  |
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| * 1.
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| c.  |  |  |  |  |  |
| 1.
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**Comments:**