



# Indian Institute of Technology Kanpur

## Office of Outreach Activities

### Course Evaluation Form

This form is designed to elicit your opinion on the design and conduct of the course and to suggested on how the course can be improved further.

**Title of the course:**

**Duration of the course:**

**Your Background:**

**Type of your Organization:**

- (1) Technical Institute (3) Public-Sector Undertaking  
(2) Government Department\_\_ (4) Private-Sector Company

**Nature of your occupation:**

- (1) Teaching and Research (4) Design/Design Supervisor  
(2) Research and Development (5) Manufacturing  
(3) Management (6) Other (Please specify)

**Your age group:** (1) Below 25 (2) 26-30 (3) 31-40 (4) Above 40

Please respond to the following with a number from 1,2,3,4,5. Where the meaning of 1 and 5 are explained against each.

**The Design of Course:**

- A. The level of course was   
(1) very easy (5) too heavy
- B. The contents were illustrated with   
(1) too few examples (5) enough examples
- C. The course contents compared to your expectations were   
(1) too theoretical (5) too expherial
- D. The course exposed to new techniques/new ways of thinking and organizing/new knowledge   
(1) not true (5) very true
- E. How will you recommend this course to your colleagues   
(1) not at all (5) strongly

P.T.O.

