



Survey: Course Learning Outcomes (CLOs)

Name of Student:	ID:
E-mail:	
Program: BSc. In Mechanical Engineering	Course Name and Title:
Academic Year: 2016/2017	Semester:
Instructor: Dr.	

	CLO Description and associated SOs	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	AVG SCORE
CLO 1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CLO 2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CLO 3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CLO 4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CLO 5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	