



Survey: Course Learning Outcomes (CLOs)

Name of Student:	ID:
E-mail:	
Program:	Course Name and# :
Academic Year:	Semester:
Instructor:	

	CLO Description	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	AVG SCORE
CLO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	