



CENTRAL COLLEGE OF BUSINESS AND TECHNOLOGY

STUDENT FEEDBACK

STUDENT FULL NAME: _____ **ID#** _____

A) PROGRAM

PROGRAM: _____ **Instructor Name:** _____

1. What did you like best about the program?

2. What would you like to change about the program?

3. What are the instructor's strengths?

4. What suggestions do you have to improve the instructor's teaching?



B) PROGRAM & STAFF

1. Tell us your overall impression about Mississauga Evergreen College including Staff members of the College?

2. How should we do to improve our program?

5. How should we do to improve our student services?

Date: _____

Signature: _____