GRADUATE PROGRAM IN NEUROSCIENCES
LECTURER EVALUATION FORM

COURSE TITLE: NEU 232 Neuroscience at the Boundaries of Neurology and Psychiatry
QUARTER/YEAR: Spring 2006

LECTURER'S NAME: _____

(CIRCLE ONE ONLY)

COMPLETED BY: MEDICAL STUDENT   NEUROSCIENCES GRADUATE STUDENT

GRADUATE STUDENT (NOT NEURO.)   OTHER

DEPARTMENT: _____

(CIRCLE ONE ONLY PER QUESTION)

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
1. Lecturer was clear and know-ledgeable in presenting the material.	1	2	3	4	5	N/A
2. If provided, assignments/handouts were pertinent and useful.	1	2	3	4	5	N/A
3. The material presented was intellectually stimulating.	1	2	3	4	5	N/A
4. I would recommend this lecturer.	1	2	3	4	5	N/A

Additional Comments:_____

_____

_____

_____

_____

_____

Please return completed form to:
Graduate Program in Neurosciences
Attention: Graduate Program Coordinator, Mailcode 0662