

**COURSE TEACHING
ADVISOR EVALUATION FORM**

Date (MM/DD/YYYY) _____
Candidate Name (Last, First): _____
Candidate M-Number: **M** _____
Committee Chair: _____
Semester Taught (e.g., 15FS): _____
Course Number (e.g., CVE3001): _____
Course Title: _____
Enrollment: _____

EVALUATION MATRIX (1=lowest, 5=highest)

The developed teaching skills and strategies through formal course instruction
and mentoring (achieved)

Overall course evaluation (from CEAS course evaluations)

Overall instructor evaluation (from CEAS course evaluations)

Signature of the Advisor
