

National Association of Credit Management
8840 Columbia 100 Parkway
Columbia, MD 21045-2158



Your participation in the evaluation process enables the National Association of Credit Management (NACM) to monitor the quality of its program. This form must be completed by all students at the end of the course. A student volunteer will collect all completed forms and seal them in the official NACM envelope provided by the instructor. The instructor will mail the sealed envelope to the Education Department Registrar with the grade roster.

Student Course Evaluation

Instructor's name _____ Course sponsor/affiliate _____

Course name _____ Year _____ Session: ☐ Spring ☐ Fall

Choose only one answer for each question and fill in the appropriate circle completely. If you are unable to answer a question, leave it blank.

Choose only one answer for each question and fill in the appropriate circle completely.

Example: ① ② ● ④ ⑤

PART A: THE COURSE

To what extent:

1. did this course meet the stated course objectives?
2. were the prerequisite requirements appropriate?
3. did the program materials contribute to the achievement of the learning objectives?
4. was the program content timely and relevant?
5. were the time allocations appropriate?
6. How strongly would you recommend this course to a friend?

Poor	Fair	Satisfactory	Good	Excellent
①	②	③	④	⑤
①	②	③	④	⑤
①	②	③	④	⑤
①	②	③	④	⑤
①	②	③	④	⑤

- | | |
|--------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Not at all | <input type="checkbox"/> Quite strongly |
| <input type="checkbox"/> Not very much | <input type="checkbox"/> Highly recommend |
| <input type="checkbox"/> Somewhat strongly | |

7. How likely are you to take another course offered by NACM?

- | | |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Not at all | <input type="checkbox"/> Probably |
| <input type="checkbox"/> Unlikely | <input type="checkbox"/> Positively |
| <input type="checkbox"/> Possibly | |

8. What was the main reason for taking this course?

- | | |
|------------------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Required for my job/program | <input type="checkbox"/> Prepare for or change career |
| <input type="checkbox"/> Personal enrichment | <input type="checkbox"/> License or certification requirements |
| <input type="checkbox"/> Seeking an NACM professional Designation (CBA, CBF) | <input type="checkbox"/> Other: _____ |

Choose only one answer for each question and fill in the appropriate circle completely. If you are unable to answer a question, leave it blank.
Example: ① ② ● ④ ⑤

PART B: THE INSTRUCTOR

To what extent did the instructor:

	Poor	Fair	Satisfactory	Good	Excellent
9. show knowledge and command of the subject matter?	①	②	③	④	⑤
10. come prepared for class?	①	②	③	④	⑤
11. explain information clearly?	①	②	③	④	⑤
12. encourage student participation?	①	②	③	④	⑤
13. explain the eligibility requirements for the Credit Business Associate (CBA) or Credit Business Fellow (CBF) examination?	①	②	③	④	⑤

PART C: OVERALL RATINGS

14. What is the overall rating you would give this COURSE?	①	②	③	④	⑤
15. What is the overall rating you would give this INSTRUCTOR?	①	②	③	④	⑤

If employed, please indicate employer or company name. _____

PART D: SUGGESTIONS

How could this course be improved? Please write comments and suggestions in the space provided below.

THANK YOU!