



FACULTY OF MEDICINE

FORM FOR EVALUATION OF LECTURER

(To be completed by Master candidate)

Session: 20____ / 20____

Programme: MASTER OF _____	Year of study: 1 2 3 4 _____ <i>(circle the correct response or specify)</i>
Name of candidate: _____	Stage: I II III <i>(circle the correct response)</i>
Name of lecturer: _____	

1. After completion, this form should be submitted at the end of each academic year to the Head of the department. This evaluation form is **CONFIDENTIAL** once completed, and must be handled accordingly.
2. Use one form for each lecturer.
3. Complete the evaluation by circling the number in the appropriate box against each criterion.

The lecturer is		Strongly disagree	Totally disagree	Disagree	Agree	Totally agree	Strongly agree
1	knowledgeable in the subject	1	2	3	4	5	6
2	able to teach in a clear and interesting manner	1	2	3	4	5	6
3	skillful in imparting knowledge and experience	1	2	3	4	5	6
4	able to stimulate my interest in the subject matter	1	2	3	4	5	6
5	able to interact with the trainees	1	2	3	4	5	6
6	punctual	1	2	3	4	5	6
7	approachable and willing to provide guidance and advice on the subject	1	2	3	4	5	6

Comments: _____

Date: _____