

**Department of Applied Physiology and Kinesiology
Graduate Program Evaluation Form**

MS _____ MESS _____ MSESS ___ Ph.D. _____

Concentration: _____

Graduation Date: _____

In order to assist the Department in improving the masters and doctoral programs, please complete and return this form to FLG 100 prior to graduation.

1. In retrospect, please rate the following aspects of the program on a scale of 1-5 (1 = poor; 5 = excellent)

	1	2	3	4	5
Course Offerings	_____	_____	_____	_____	_____
Facilities/Equipment	_____	_____	_____	_____	_____
Practical Experience	_____	_____	_____	_____	_____
Advisement	_____	_____	_____	_____	_____
Faculty Expertise	_____	_____	_____	_____	_____
Graduate Assistantship Availability	_____	_____	_____	_____	_____
Placement Assistance	_____	_____	_____	_____	_____
Secretarial Assistance	_____	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____	_____

2. What courses or experiences would you like to see added to the curriculum?

3. Strengths of Program:

4. Weakness of Program:

5. Recommendations:

6. Other Comments: