

Mark as shown:      Please use a ball-point pen or a thin felt tip. This form will be processed automatically.

Correction:      Please follow the examples shown on the left hand side to help optimize the reading results.

## 1. Lecturers

- |     |  |                   |                          |                          |                          |                          |                          |                |                          |                   |
|-----|--|-------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------|--------------------------|-------------------|
| 1.1 | I was motivated by the lecturers to do my best.                              | Strongly disagree | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Strongly agree | <input type="checkbox"/> | No opinion / n.a. |
| 1.2 | I learned a lot from the lecturers' explanations.                            | Strongly disagree | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Strongly agree | <input type="checkbox"/> | No opinion / n.a. |
| 1.3 | Lecturers' feedback helped me develop and improve my learning.               | Strongly disagree | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Strongly agree | <input type="checkbox"/> | No opinion / n.a. |
| 1.4 | I became (even more) enthusiastic about the subject due to the lecturers.    | Strongly disagree | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Strongly agree | <input type="checkbox"/> | No opinion / n.a. |
| 1.5 | I was given opportunities to contact module teaching staff when I needed to. | Strongly disagree | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Strongly agree | <input type="checkbox"/> | No opinion / n.a. |



