## AUTOMOTIVE MANAGEMENT INSTITUTE

## Automotive Management Institute Course Completion & Evaluation Form

In order for the Automotive Management Institute to properly assign you credits toward your professional designation, you must complete the top portion of this form. To help ensure the quality of this course, please complete the evaluation.

Date:	Course Title:						
Your Email address is now	your Student ID						
Student ID:		Name:					
Business:	siness: Business Mailing Address:						
City:	Zip: Bus. Phone: ()						
Home Address:		City:		State: _		Zip:	
Home Phone: ()							
Collision: Cowner Comana	iger 🖬 Office Person		el 🗅 Estimator 🗅 Body/Paint 🗅 Insurance				
Overall, how would you rate	e the following?		Excellent	Very Good	Good	Satisfactory	Poc
Instructor's presentation skills							
Instructor's level of knowledge							
Usefulness of the information							
Quality of workbook & handout ma	terials						
Pace of the class			OK 🗖	Too Fast 🗖		Too Slow $\Box$	
Can you apply the information imm	ediately?		Yes 🗖	No 🗖			
Would you recommend this course	to others?		Yes 🗖	No 🗖			
We welcome your comments and su	ggestions						
What other topics would you like to							

## STUDENT PLEASE KEEP YELLOW COPY FOR YOUR RECORDS

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