



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.

Please print legibly. This information is used to update your student record.

Date: _____ Course Title: _____ Class # _____

Your Email address is now your Student ID

Student ID: _____ Name: _____

Business: _____ Business Mailing Address: _____

City: _____ State: _____ Zip: _____ Bus. Phone: (____) _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____

Please check Industry Segment and Company Position:

- Mechanical: Owner Manager Office Personnel Service Advisor Technician
Collision: Owner Manager Office Personnel Estimator Body/Paint Insurance

Instructor Signature: _____

Overall, how would you rate the following?

Table with 5 columns: Excellent, Very Good, Good, Satisfactory, Poor. Rows include Instructor's presentation skills, level of knowledge, usefulness of information, quality of workbook, pace of class, and application of information.

We welcome your comments and suggestions _____

What other topics would you like to see? _____

STUDENT PLEASE KEEP YELLOW COPY FOR YOUR RECORDS