THE UNIVERSITY OF WISCONSIN OSHKOSH

Cooperative Academic Partnership Program

CAPP

Course Report

Liaison: _____

High School: _____ **Course:** _____

Adjunct Instructor: _____ **Semester/Year:** _____

Date of Visit: _____

Type of visit: (check one)

Peer Evaluation **Course Lecture** **Presentation** **Other** _____

Summarize the activities of the visit: _____

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Overall course evaluation: (check one)

Excellent **Very Good** **Good** **Satisfactory** **Needs Improvement**

Comments: _____

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