THE UNIVERSITY OF WISCONSIN OSHKOSH

Cooperative Academic Partnership Program

CAPP

Course Report

Liaison: Choose Liaison

High School: Choose School From Drop Down List **Course:** Choose Course From Drop Down List

Adjunct Instructor: Choose Instructor from Drop Down **Semester/Year:** Fall 2010

Date of Visit:

Type of visit: (check one)

☐ **Peer Evaluation** ☐ **Course Lecture** ☐ **Presentation** ☐ **Other**

Summarize the activities of the visit:

Limit 2000 Characters

Overall course evaluation: (check one)

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

Comments: