

Course/Teacher Evaluation Form

Course	<i>MQ Series Appl. Procer</i>	Date	<i>2/1/08</i>
Name (Optional)	<i>Alex Sullivan</i>	Company	<i>UBS</i>

Course evaluations are important to SYS-ED. Your feedback will enable us to monitor and update our courseware. We would appreciate your taking a few minutes to fill out this form.

Course Content

1. Were the course objectives presented in a clear, comprehensive manner?
2. Did the course meet its stated objectives?
3. Did the course meet your expectations?
4. Was the workshop/hands-on portion of this course effective?
5. Would you recommend this course to others?

<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> NO

Instructor

6. Ability to Communicate
7. Knowledge of Subject Matter
8. Effective Use of Support Materials
9. Responsiveness to Class
10. Overall Professionalism

	EXCELLENT	GOOD	FAIR	POOR
6. Ability to Communicate	<input checked="" type="radio"/> 4	3	2	1
7. Knowledge of Subject Matter	<input checked="" type="radio"/> 4	3	2	1
8. Effective Use of Support Materials	<input checked="" type="radio"/> 4	3	2	1
9. Responsiveness to Class	<input checked="" type="radio"/> 4	3	2	1
10. Overall Professionalism	<input checked="" type="radio"/> 4	3	2	1

May we use you as a reference?

<input checked="" type="radio"/> YES	<input type="radio"/> NO
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Manual

11. Usefulness
12. Readability
13. Organization

	EXCELLENT	GOOD	FAIR	POOR
11. Usefulness	<input checked="" type="radio"/> 4	3	2	1
12. Readability	<input checked="" type="radio"/> 4	3	2	1
13. Organization	<input checked="" type="radio"/> 4	3	2	1

General

14. Overall Quality of Instructions

	EXCELLENT	GOOD	FAIR	POOR
14. Overall Quality of Instructions	<input checked="" type="radio"/> 4	3	2	1

Suggestions/Comments

Excellent

Is there any other information about the software you would still like to know?

Any others to whom we should send information on SYS-ED?

Name	Title	Company		
Address	City	State	Zip	

Course/Teacher Evaluation Form

Course <i>MQSERIES</i>	Date <i>2/1/08</i>
Name (Optional)	Company <i>UBS</i>

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<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> NO

Instructor

6. Ability to Communicate
7. Knowledge of Subject Matter
8. Effective Use of Support Materials
9. Responsiveness to Class
10. Overall Professionalism

	EXCELLENT	GOOD	FAIR	POOR
6. Ability to Communicate	<input checked="" type="radio"/> 4	3	2	1
7. Knowledge of Subject Matter	<input checked="" type="radio"/> 4	3	2	1
8. Effective Use of Support Materials	<input checked="" type="radio"/> 4	3	2	1
9. Responsiveness to Class	<input checked="" type="radio"/> 4	3	2	1
10. Overall Professionalism	<input checked="" type="radio"/> 4	3	2	1

May we use you as a reference?

<input type="radio"/> YES	<input type="radio"/> NO
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Manual

11. Usefulness
12. Readability
13. Organization

	EXCELLENT	GOOD	FAIR	POOR
11. Usefulness	<input checked="" type="radio"/> 4	3	2	1
12. Readability	<input checked="" type="radio"/> 4	3	2	1
13. Organization	<input checked="" type="radio"/> 4	3	2	1

General

14. Overall Quality of Instructions

	EXCELLENT	GOOD	FAIR	POOR
14. Overall Quality of Instructions	<input checked="" type="radio"/> 4	3	2	1

Suggestions/Comments *EXCELLENT CLASS... WILL BE VERY USEFUL.*

Is there any other information about the software you would still like to know?

Any others to whom we should send information on SYS-ED?

Name	Title	Company
Address	City	State Zip

Course/Teacher Evaluation Form

Course	HA SERIES	Date	09/01/08
Name (Optional)		Company	UBS

Course evaluations are important to SYS-ED. Your feedback will enable us to monitor and update our courseware. We would appreciate your taking a few minutes to fill out this form.

Course Content

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5. Would you recommend this course to others?

<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

Instructor

6. Ability to Communicate
7. Knowledge of Subject Matter
8. Effective Use of Support Materials
9. Responsiveness to Class
10. Overall Professionalism

EXCELLENT GOOD FAIR POOR

	EXCELLENT	GOOD	FAIR	POOR
6. Ability to Communicate	4	3	2	1
7. Knowledge of Subject Matter	4	3	2	1
8. Effective Use of Support Materials	4	3	2	1
9. Responsiveness to Class	4	3	2	1
10. Overall Professionalism	4	3	2	1

May we use you as a reference?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Manual

11. Usefulness
12. Readability
13. Organization

EXCELLENT GOOD FAIR POOR

	EXCELLENT	GOOD	FAIR	POOR
11. Usefulness	4	3	2	1
12. Readability	4	3	2	1
13. Organization	4	3	2	1

General

14. Overall Quality of Instructions

EXCELLENT GOOD FAIR POOR

	EXCELLENT	GOOD	FAIR	POOR
14. Overall Quality of Instructions	4	3	2	1

Suggestions/Comments

Is there any other information about the software you would still like to know?

Any others to whom we should send information on SYS-ED?

Name	Title	Company	
Address	City	State	Zip

Course/Teacher Evaluation Form

Course <i>MQ Series</i>	Date <i>2/1/08</i>
Name (Optional)	Company <i>UBS</i>

Course evaluations are important to SYS-ED. Your feedback will enable us to monitor and update our courseware. We would appreciate your taking a few minutes to fill out this form.

Course Content

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<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

Instructor

6. Ability to Communicate
7. Knowledge of Subject Matter
8. Effective Use of Support Materials
9. Responsiveness to Class
10. Overall Professionalism

EXCELLENT GOOD FAIR POOR

	EXCELLENT	GOOD	FAIR	POOR
6. Ability to Communicate	<i>4</i>	3	2	1
7. Knowledge of Subject Matter	<i>4</i>	3	2	1
8. Effective Use of Support Materials	<i>4</i>	3	2	1
9. Responsiveness to Class	<i>4</i>	3	2	1
10. Overall Professionalism	<i>4</i>	3	2	1

May we use you as a reference?

<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
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Manual

11. Usefulness
12. Readability
13. Organization

EXCELLENT GOOD FAIR POOR

	EXCELLENT	GOOD	FAIR	POOR
11. Usefulness	4	<i>3</i>	2	1
12. Readability	4	<i>3</i>	2	1
13. Organization	4	<i>3</i>	2	1

General

14. Overall Quality of Instructions

EXCELLENT GOOD FAIR POOR

	EXCELLENT	GOOD	FAIR	POOR
14. Overall Quality of Instructions	4	<i>3</i>	2	1

Suggestions/Comments

Is there any other information about the software you would still like to know?

Any others to whom we should send information on SYS-ED?

Name	Title	Company		
Address	City	State	Zip	

Course/Teacher Evaluation Form

Course <i>MO Server</i>	Date <i>2/1/02</i>
Name (Optional)	Company <i>UBS</i>

Course evaluations are important to SYS-ED. Your feedback will enable us to monitor and update our courseware. We would appreciate your taking a few minutes to fill out this form.

Course Content

- Were the course objectives presented in a clear, comprehensive manner?
- Did the course meet its stated objectives?
- Did the course meet your expectations?
- Was the workshop/hands-on portion of this course effective?
- Would you recommend this course to others?

<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> NO

Instructor

- Ability to Communicate
- Knowledge of Subject Matter
- Effective Use of Support Materials
- Responsiveness to Class
- Overall Professionalism

EXCELLENT GOOD FAIR POOR

	EXCELLENT	GOOD	FAIR	POOR
<i>4</i>	3	2	1	
<i>4</i>	3	2	1	
<i>4</i>	3	2	1	
<i>4</i>	3	2	1	
<i>4</i>	3	2	1	

May we use you as a reference?

YES NO

Manual

- Usefulness
- Readability
- Organization

EXCELLENT GOOD FAIR POOR

	EXCELLENT	GOOD	FAIR	POOR
<i>4</i>	3	2	1	
<i>4</i>	3	2	1	
<i>4</i>	3	2	1	

General

- Overall Quality of Instructions

EXCELLENT GOOD FAIR POOR

	EXCELLENT	GOOD	FAIR	POOR
<i>4</i>	3	2	1	

Suggestions/Comments

Is there any other information about the software you would still like to know?

Any others to whom we should send information on SYS-ED?

Name	Title	Company
Address	City	State Zip

Course/Teacher Evaluation Form

Course	MQ For COBA	Date	2/1/08
Name (Optional)	S. Al/oby	Company	UBS

Course evaluations are important to SYS-ED. Your feedback will enable us to monitor and update our courseware. We would appreciate your taking a few minutes to fill out this form.

Course Content

1. Were the course objectives presented in a clear, comprehensive manner?
2. Did the course meet its stated objectives?
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4. Was the workshop/hands-on portion of this course effective?
5. Would you recommend this course to others?

<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

Instructor

6. Ability to Communicate
7. Knowledge of Subject Matter
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9. Responsiveness to Class
10. Overall Professionalism

EXCELLENT GOOD FAIR POOR

	EXCELLENT	GOOD	FAIR	POOR
6. Ability to Communicate	4	3	2	1
7. Knowledge of Subject Matter	4	3	2	1
8. Effective Use of Support Materials	4	3	2	1
9. Responsiveness to Class	4	3	2	1
10. Overall Professionalism	4	3	2	1

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<input type="checkbox"/> YES	<input type="checkbox"/> NO
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General

14. Overall Quality of Instructions

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	EXCELLENT	GOOD	FAIR	POOR
14. Overall Quality of Instructions	4	3	2	1

Suggestions/Comments

Is there any other information about the software you would still like to know?

Any others to whom we should send information on SYS-ED?

Name	Title	Company		
Address	City	State	Zip	

Course/Teacher Evaluation Form

Course <i>MQ Series</i>	Date <i>2/1/2008</i>
Name (Optional) <i>Kathy Glendon</i>	Company <i>UBS</i>

Course evaluations are important to SYS-ED. Your feedback will enable us to monitor and update our courseware. We would appreciate your taking a few minutes to fill out this form.

Course Content

1. Were the course objectives presented in a clear, comprehensive manner?
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5. Would you recommend this course to others?

<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> NO

Instructor

6. Ability to Communicate
7. Knowledge of Subject Matter
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	EXCELLENT	GOOD	FAIR	POOR
6. Ability to Communicate	<input checked="" type="radio"/> 4	3	2	1
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<input checked="" type="radio"/> YES	<input type="radio"/> NO
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	EXCELLENT	GOOD	FAIR	POOR
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14. Overall Quality of Instructions

	EXCELLENT	GOOD	FAIR	POOR
14. Overall Quality of Instructions	<input checked="" type="radio"/> 4	3	2	1

Suggestions/Comments

Is there any other information about the software you would still like to know?

Any others to whom we should send information on SYS-ED?

Name	Title	Company
Address	City	State Zip

Course/Teacher Evaluation Form

Course <i>WebSphere MQ Series</i>	Date <i>2/1/08</i>
Name (Optional)	Company <i>UBS</i>

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<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

Instructor

6. Ability to Communicate
7. Knowledge of Subject Matter
8. Effective Use of Support Materials
9. Responsiveness to Class
10. Overall Professionalism

	EXCELLENT	GOOD	FAIR	POOR
6. Ability to Communicate	<u>4</u>	3	2	1
7. Knowledge of Subject Matter	<u>4</u>	3	2	1
8. Effective Use of Support Materials	<u>4</u>	3	2	1
9. Responsiveness to Class	<u>4</u>	3	2	1
10. Overall Professionalism	<u>4</u>	3	2	1

May we use you as a reference?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Manual

11. Usefulness
12. Readability
13. Organization

	EXCELLENT	GOOD	FAIR	POOR
11. Usefulness	<u>4</u>	3	2	1
12. Readability	4	<u>3</u>	2	1
13. Organization	4	<u>3</u>	2	1

General

14. Overall Quality of Instructions

	EXCELLENT	GOOD	FAIR	POOR
14. Overall Quality of Instructions	4	<u>3</u>	2	1

Suggestions/Comments

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Any others to whom we should send information on SYS-ED?

Name	Title	Company	State	Zip
Address	City			

Course/Teacher Evaluation Form

Course <i>MQ FOR COBOL</i>	Date <i>02/01/08</i>
Name (Optional)	Company <i>UBS</i>

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<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

Instructor

6. Ability to Communicate
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	EXCELLENT	GOOD	FAIR	POOR
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Manual

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General

14. Overall Quality of Instructions

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Suggestions/Comments

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Address	City			