FEEDBACK FORM –STUDENTS

Name of the Student: **Roll Number. :**

Contact Number :

Email ID:

Department:

Batch:

Excellent (A)   Very Good (B)   Good(C)   Average(D) Poor(E)

S.NO	ATTRIBUTES	A	B	C	D	E
1	How do you rate the evaluation scheme designed for each course?					
2	How do you rate the objectives stated for each course?					
3	Rate the programmes in terms of extra learning or self learning considering the design of the programme.					
4	How do you rate the electives offered in relation to the technological advancements?					
5	What is the opinion about the library books about the syllabus of your course?					
6	Do the lab facilities satisfy the curriculum needs?					
7	Coverage of the syllabus.					

Name and Signature

Note: * Course   -   Subject

         *   Programme -   Name of the Degree