STUDENTS FEEDBACK QUESTIONNAIRE

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 your opinion about library books for the syllabus of your course?					
6	Do the lab facilities satisfy the curriculum needs?					
7	Coverage of the syllabus					

Name & Signature

Note : * Course   -   Subject

         * Programme -   Name of the Degree