STUDENT FEEDBACK ON CURRICULUM

Name of the Student:…………..................... Programme& Specialization:…………………………….

Session:……………….   Semester: Even/Odd-Semester/Yearly:…………………………

Email:…………………………….………………………………..

(Please mark (√) in the relevant boxes)

A –More than 80%, B –80%-50%, C –Less than 50%

S.No.	Particulars	A	B	C
1	Programme and Course objectives are clear?			
2	Course contents covers all the aspects of the programme			
3	Availability of the study material in Departmental Library			
4	Lectures/Practical's/Assignments helps to understand the course content			
5	Examinations (Internal/External)are within the course content			
6	Programme Curriculum enhances competencies of Employability or Entrepreneurship			
7	Departmental Seminar/Workshop/Visits add to your level of knowledge			
8	Overall Rating of the Programme Curriculum			

Any other information/ views/ suggestions:

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………………………………………………………………………….……………………………………………
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Date: **Signature of the Student**