



INTERNAL QUALITY ASSURANCE CELL

Academic Year:

STUDENTS FEEDBACK FOR DESIGN AND REVIEW OF SYLLABUS

Name:	
School:	
Program:	Semester:
Course Name:	Branch:

Please give your valuable feedback on design and review of syllabus. Select your ranking on the scale of 1 to 5 for each of the following parameters.

(1-Strongly disagree, 2-Disagree, 3-Neutral, 4-Agree, 5-Strongly agree)

Sl. No.	Rating	5	4	3	2	1
	Subject					
1.	The course content provides sufficient objectives, knowledge and skill.					
2.	The course is well structured, interesting, relevant and up-to-date.					
3.	The units/sections in the syllabus are properly sequenced.					
4.	The study material and reference materials are available.					
5.	The expected course outcomes and program outcomes are well defined.					

Comments/Suggestion (if any);

Date:

Signature:

For Office Use
(Internal Quality Assurance Cell)

(Authorized Signatory)