A.S.B.A.S.J.S.MEMORIAL COLLEGE, BELA (ROPAR)

Student Feedback Form on Curriculum for the Academic Session 2019-20

Semester: Odd

Name: .... Course: ....Department:......................................

Years/Semester: _____Address...

.Mobile .... E-mail ....

➔ Please give a rating of your course on the following:-

5	4	3	2	1
Excellent	Good	Average	Below Average	Poor

Sl.#	Particulars	Rating
1	Learning value (in terms of skills, concepts, knowledge, analytical abilities, or broadening perspectives)	
2	Whether syllabus is carrier oriented?	
3	Depth of the course content	
4	How do you rate the sequence of units in the syllabus?	
5	Rate the size of syllabus in terms of load on the student?	
6	How do you rate the Program Outcomes and Course Outcomes stated and relevance to the course content?	
7	The internal evaluation system as it exists regarding syllabus is ?	
8	What is your opinion about library holdings for the syllabus of your course?	
9	Extent of coverage of course	
10	Relevance/learning value of project/ report	
11	Overall rating	

12. What are the changes you suggest for the betterment of the course?

_____

_____

13. Your Suggestions:

_____

_____

Date:
Signature

[We are thankful to you for sparing your valuable time to fill this feedback form]