**Form-IV**

**University of Science & Technology, Meghalaya**

**Alumni Feedback on Syllabus**

**Name of the Respondent: …………………………………Contact No.: …….………………Email id:…………………………….**

Please give your ratings as indicated below in the scale of 1-5 (5-highest and 1-lowest):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Code** | **Particulars** | 5 | 4 | 3 | 2 | 1 |
| 1 | Relevance of the course to the subject |  |  |  |  |  |
| 2 | Extent of the inclusion of the latest development in the syllabus |  |  |  |  |  |
| 3 | Balance between practical and theory |  |  |  |  |  |
| 4 | Quality of reference materials as mentioned in the reading list of the syllabus |  |  |  |  |  |
| 5 | Syllabus is in conformity with the employment trend |  |  |  |  |  |
| 6 | The syllabus fulfils adequate knowledge needs |  |  |  |  |  |
| 7 | Overall structure of the syllabus |  |  |  |  |  |

Any other suggestions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Session:\_\_\_\_\_\_\_\_\_\_\_\_

**Form-II**

**University of Science & Technology, Meghalaya**

**Students’Feedback on Syllabus**

**Name of the Respondent: ……………………………………Contact No.: …….……………….. Email id: ……………………**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Code** | **Particulars** | 5 | 4 | 3 | 2 | 1 |
| 1 | Relevance of the course to the subject |  |  |  |  |  |
| 2 | Extent of the inclusion of the latest development in the syllabus |  |  |  |  |  |
| 3 | Balance between practical and theory |  |  |  |  |  |
| 4 | Quality of reference materials as mentioned in the reading list of the syllabus |  |  |  |  |  |
| 5 | The current syllabus is adequately focussing employability of students |  |  |  |  |  |
| 6 | Overall structure of the syllabus |  |  |  |  |  |

Any other suggestions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Session:\_\_\_\_\_\_\_\_\_\_\_\_