

Date- _____

Institute Academic Quality Assurance Cell
Student Exit feedback

Name of the Department: _____

Name of the program: _____

Please give your feedback on the following points:

S.No.	Items	Outstanding	Excellent	Very Good	Good	Fair
1.	Curriculum structure					
2.	Teaching and learning					
3.	Laboratory & IT facilities					
4.	Examination and evaluation system					
5.	LRC (Including digital library)					
6.	Hostel facilities					
7.	Mess facilities					
8.	Extracurricular activities					
9.	Services/interaction with Registry					
10.	Services/interaction with Accounts					

11. Training & placement facilities

- (i) Your current CGPA
- (ii) Did you sit for placements: Yes/No (if No, skip the next question)
- (iii) In how many companies did you participate?
- (iv) Have you been placed: Yes/No
- (v) Was T&P helpful when approached? Yes/No
- (vi) Were the preparatory sessions for placement organised by T&P useful? Yes/No
- (vii) Did student placement committee help in placement? Yes/No
- (viii) Should we keep you in our data base for the companies yet to come: Yes/No

Additional Suggestions, if any: (you may use the back side of this sheet, if required)
