

INDORE INSTITUTE OF MANAGEMENT AND RESEARCH

Student's Feedback on Curriculum

Department _____

Academic Year _____

Program Name _____

Year/ Semester _____

Student's Name _____

The objective of this questionnaire is to collect feedback related to your satisfaction towards the curriculum, teaching, learning and evaluation. The information provided by you will be kept confidential and will be used as important feedback for quality improvement of the program of studies/institution.

Kindly tick mark (✓) in the cell

Note: 5- Excellent, 4- Very Good, 3- Good, 2- Average, 1- Poor

I	Curriculum, Teaching, Learning and Evaluation:	5	4	3	2	1
1.	Rate how challenging was the syllabus offered by the courses					
2.	Rate the appropriateness of the sequence of the courses provided in the curriculum					
3.	Rate the depth of the syllabus of the courses in relation to the competencies expected by industry/ current global scenario.					
4.	Rate the sequence of units/ modules in the courses					
5.	Rate the adequateness of the textbooks and reference books mentioned for the courses					
6.	Rate the design of the courses in terms of extra learning or self- learning					
7.	Rate the flexibility in choosing the electives in relation to technology advancements					
8.	Rate the percentage of learning ICT and Communication skills through courses offering					
9.	The objectivity of assessment and evaluation					
10.	Overall rating of the program					

Any other suggestions _____

Date: _____

Signature of Student _____


PRINCIPAL

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