FEEDBACK FORM

Course Code :	Cour	se Title:	Venue:	
Starting Date:	Duration :		_Coordinator :	
I. Ratings by part	icipants on the	e scale of 10.		
	10 9	8 7 6	5 4 3	2 1 0
□		Tick mark in rel	evant boxes	
1. Structure of course	Very well Planned	Well Planned	Less Planned	No Planning
2. Course Material	Very Relevant	Relevant	Less Relevant	Not Relevant
3.Teaching Faculty	Very Effective	Effective	Less Effective	Not Effective
4. Hands on session	Very Useful	Useful	Useful	Not Useful
5. Food Quality (if applicable)	Excellent	Very Good	Just OK	Poor
6.Interaction with Faculty	Excellent	Very Good	Just OK	Poor
7. Usefulness of Course	Very Useful	Useful	Useful	Not Useful
8. Overall impression	Very beneficial	Beneficial	Less Beneficial	No Beneficial

II Which topic o	of the Course You found : Most Useful	Least Useful
III Your suggest	ions /Comments for further im	provements
Date :	Name & Signature(Opti (Participant)	ional) Name & Signature (Coordinator)