

STUDENT FEEDBACK FORM ON CURRICULUM

* Indicates required question

1. Name of Student *

2. Faculty of *

Check all that apply.

Medical

Dental

3. Department *

Mark only one oval.

MBBS

MD

MS

BDS

MDS

M.Sc

Ph.D

4. Year of Study *

Mark only one oval.

I

II

III

IV

Extraordinary – 5, Very Good-4, Good-3, Average-2, Poor-1

5. Curriculum is structured and comprehensive and the objectives are fulfilled *

Mark only one oval.

1

2

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5

6. Curriculum is effective in enhancing constructivist learning *

Mark only one oval.

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1

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7. Course Content is adequate in relation to the expected CO's *

Mark only one oval.

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8. Curriculum has relevance to real life situations, effects current trends practices and * skills in the respective discipline

Mark only one oval.

1

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9. Lab / Clinics enhanced understanding of concept and enable relate to theory & practice

*

Mark only one oval.

1

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10. Rate how challenging was the syllabus offered by the course *

Mark only one oval.

1

2

3

4

5

11. Any Suggestions for improvement

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