KG COLLEGE OF ARTS AND SCIENCE

Affiliated to Bharathiar University & Accredited by NAAC KGiSL Campus, Saravanampatti, Coimbatore 641 035.

FACULTY FEEDBACK ON COURSE

| Name of the faculty member : | Academic Year : | |
|--|-----------------|--|
| Department in which the course offered : | Semester : | |
| Name of the Course : | Course Code : | |

Please give your valuable feedback on course to improve quality.

| S. No. | Feedback on Course | Excellent | Very good | Good | Average | Poor |
|--------|--|-----------|--------------|------|---------|------|
| 1. | Syllabus is suitable to the course | | | | | |
| 2. | Syllabus is need based | | | | | |
| 3. | Aims and objectives of the syllabi are well defined and clear | | | | | |
| 4. | Appropriateness of the facilities in the institution for learning is | | | | | |
| 5. | Course has prospects for higher education / employability | | | | | |
| 6. | Syllabus can be covered on time | | | | | |
| 7. | The syllabus generates interest in the subject area | | | | | |
| 8. | Course Objectives, Expected Course Outcomes are relevant to the course concerned | | | | | |
| 9. | Would you like to suggest contents to be added / modified / removed in the course? | Yes | No | | | |
| | If yes give details. | | | | | |
| 10. | Any Suggestions | | | | | |

Date: Signature of the faculty