Syllabus Feedback

Academic Year: _____

The Internal Quality Assurance Cell (IQAC) of **Changu Kana Thakur A.C.S. College, New Panvel (Autonomous)** values feedback from the stakeholders namely students, teachers, employers and alumni regarding its syllabi **for design and review of syllabus** semester wise/year wise.
To provide feedback kindly complete the feedback form. These feedback forms are given only to the stakeholders who are well verse with course. It is part of our continuous improvement programme.

1. Please give the following details

Name:		
Designation		
Address:		
Phone No.		E-mail:

2. Please select your stakeholder status (√)

Student	**Teacher**	**Employer**	**Alumni**

3. Feedback area (please identify the area you wish to comment on)

Class	

4. Please indicate the title of the course to describe the feedback

5. Please enter your feedback-**(at least one of the following)**

Chapters	
Specific topic/curriculum	
Syllabus	
General	

Your comments will be analyzed and considered. The feedback will be communicated to Board of Studies and considered for design and revision of the syllabus.
Thank you for the co-operation and support.
For query kindly contact us at iqac@ckthakurcollege.net

Signature of the Stakeholder