



Dr. Babasaheb Ambedkar Marathwada University, Aurangabad

Name of the Department : _____

Feedback Form for Alumni

Personal Details (Compulsory)		
1)	Name of the Alumni	:
2)	Present Position/Designation	:
3)	Name of Organization (If any)	:
4)	Address	:
5)	Email Id	:
6)	Mobile No.	:
Please read the following questions carefully and choose the relevant response. Your feedback is valuable for the development of the University		
1)	The Course & Programme objectives & outcomes were clearly defined identified? <ul style="list-style-type: none">• Outstanding• Excellent• Good• Average	
2)	Course Material were of appropriate length, high quality and up-to-date? <ul style="list-style-type: none">• Outstanding• Excellent• Good• Average	
3)	The course provides focus on skill Development/ Employability / Entrepreneurship? <ul style="list-style-type: none">• Outstanding• Excellent• Good• Average	

4)	How do you grade the overall academic environment in the University? <ul style="list-style-type: none">• Excellent• Very Good• Good• Average
5)	How would you rate the extra-curricular environment of the University? <ul style="list-style-type: none">• Excellent• Very Good• Good• Average
6)	Have you participated in the Alumni Meets? <ul style="list-style-type: none">• Always• Some Time• Eventually• Never
7)	To what extent course/programme learnt in the University benefitted you? <ul style="list-style-type: none">• 100%• >80%• >60%• >40
8)	Suggestions If any _____ _____ _____
