



ORIENTATION PROGRAMME FEEDBACK FORM
(COSD)
Session 2019-20

Name of student :.....

Enrolment No.

Faculty & Class :.....

Date.....

1.	Did you find the orientation programme useful?				Yes/No
	Please rate it on a scale of 1-5? (Least interesting(1) to most interesting (5)				
2.	How much did you understand the following systems and functioning of the department?				
	Please specify number 1,2 or 3 against each	1 (Did not understand at all)	2 (Understood fairly well)	3 (Understood Completely)	
	a. Faculty Profile				
	b. Credit System				
	c. Scheme of examination (CA & SEE)				
	d. Assessment and Evaluation Pattern				
	e. Time Table				
	f. Metacampus				
	g. Activities/Calendar				
	h. Structure of Course Curricula				
	i. Library System and Online Access				
3.	Were all your doubts clarified by the teachers? If no, mention the question or issue on which you need more clarification. _____ _____				Yes/No
4.	Any other suggestions you would like to mention _____				

Signature of Candidate