



RIMT University, Punjab
Internal Quality Assurance Cell
Teacher's Feedback Form for Design & Review of Syllabus
(Session.....)

Dear Teachers,

Please indicate your degree of agreement against each statement by checking against one of the five columns: Strongly Agree (5), Agree (4), Not Sure (3), Disagree (2) Strongly Disagree (1).

Name of the Department/ School	
Name of the Teaching Faculty	
Designation	
Program Name	
Mobile Number/Email Id.	

S. No.	Aspect of Feedback	5 Strongly Agree	4 Agree	3 Not Sure	2 Disagree	1 Strongly Disagree
1	Aims and objectives of the syllabi are well defined and clear to teachers and students.					
2	The course/programme of studies carries sufficient number of optional papers.					
3	Programme outcomes of the syllabi is well defined					
4	Curriculum having good academic flexibility					
5	The course content fulfils the need of students					
6	Need to fully review the syllabus					

Suggestion/ Remarks (if any) _____

The responses made by me in this form are as per my personal opinion.

Signature of the Teaching Faculty

Date: