

# Teacher's Feedback on Syllabus

Please submit feedback regarding the course you are teaching.

\* Required

1. Email address \*

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2. First Name \*

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3. Middle Name \*

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4. Surname \*

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5. Staff ID / SIMS No. \*

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6. Department \*

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7. Mobile Number \*

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8. \*

Mark only one oval per row.

	Yes	No
Have you participated in the designing of syllabus?	<input type="radio"/>	<input type="radio"/>
Are the objectives of the syllabus clearly stated?	<input type="radio"/>	<input type="radio"/>
Does syllabus accurately describe the course?	<input type="radio"/>	<input type="radio"/>
Do contents of the syllabus help in analysis and problem solving	<input type="radio"/>	<input type="radio"/>
Does syllabus offer research possibilities?	<input type="radio"/>	<input type="radio"/>
Does syllabus entail reference work?	<input type="radio"/>	<input type="radio"/>
Does syllabus provide an opportunity to the students to undertake Community Projects?	<input type="radio"/>	<input type="radio"/>
Is there availability of useful textbooks and reference books covering the topics?	<input type="radio"/>	<input type="radio"/>
Is time allotted sufficient to complete the syllabus?	<input type="radio"/>	<input type="radio"/>
Is the content covered in the course reasonable?	<input type="radio"/>	<input type="radio"/>
Is the difficulty level appropriate for the course?	<input type="radio"/>	<input type="radio"/>
Is level of skill/knowledge required to complete the course challenging?	<input type="radio"/>	<input type="radio"/>

**9. Suggestions (if Any)**

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