



END OF THE SEMESTER COURSE EVALUATION FORM

If you need more space to answer any question, feel free to write on the back of the page

Academic Year	
Employee Name	
Employee ID	
Program	B. Tech M. Tech MBA
Department	
Semester	I II III IV V VI VII VIII
Course Code	
Course Name	

1. Final Grade Distribution: - Excellent / Very Good / Good / Fair /

2. Are the course objectives still relevant to this course? If not, how should they be changed?

Ans:

3. Are the course outcomes which were defined appropriate to the course? If No, list the outcomes.

- (a) Yes
- (b) No

4. Mention the topics, which required repetition / revision according to the students.

Ans:

5. How well prepared were the students coming into the class? Should the prerequisites be changed?

Ans:

6. How do you intend to modify the course to make it better next time?

Ans:

Date:

Signature of the faculty

