Alumni Survey

(To be filled by Alumni - after the completion of each academic year)

The purpose of this survey is to obtain alumni input on the quality of education they received and the level of preparation they had at University. The purpose of this survey is to assess the quality of the academic program. We seek your help in completing this survey.

A: Excellent   B: Very good   C: Good   D: Fair   E: Poor

I. Knowledge

Math, Science, Humanities and professional discipline, (if applicable)

	(A)	(B)	(C)	(D)	(E)
Problem formulation and solving skills	(A)	(B)	(C)	(D)	(E)
Collecting and analyzing appropriate data	(A)	(B)	(C)	(D)	(E)
Ability to link theory to practice.	(A)	(B)	(C)	(D)	(E)
Ability to design a system component or process	(A)	(B)	(C)	(D)	(E)
IT knowledge	(A)	(B)	(C)	(D)	(E)

II Communications Skills

Oral communication	(A)	(B)	(C)	(D)	(E)
Report writing	(A)	(B)	(C)	(D)	(E)
Presentation skills	(A)	(B)	(C)	(D)	(E)

III Interpersonal Skills

Ability to work in teams.	(A)	(B)	(C)	(D)	(E)
Ability to work in arduous /Challenging situation					
Independent thinking	(A)	(B)	(C)	(D)	(E)
Appreciation of ethical Values	(A)	(B)	(C)	(D)	(E)

IV Management /leadership Skills

Resource and Time management skills	(A)	(B)	(C)	(D)	(E)
Judgment	(A)	(B)	(C)	(D)	(E)
Discipline	(A)	(B)	(C)	(D)	(E)

V General Comments

Please make any additional comments or suggestions, which you think would help strengthen our programs. (New courses that you would recommend and courses that you did not gain much from)

_____
_____
_____
_____
_____

SCHOOL OF PHYSIOTHERAPY RK.UNIVERSITY

VI. Career Opportunities

_____
_____
_____
_____
_____

VII. Department Status

Infrastructure	(A)	(B)	(C)	(D)	(E)
Faculty	(A)	(B)	(C)	(D)	(E)
Repute at National level	(A)	(B)	(C)	(D)	(E)
Repute at international level	(A)	(B)	(C)	(D)	(E)

VIII Alumni Information

Name (Optional)_____

Name of organization_____

Position in organization_____

Year of graduation_____

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Employer Survey

(To be filled in by Employer - after the completion of each academic year)

The purpose of this survey is to obtain employers' input on the quality of education R K University is providing and to assess the quality of the academic program. The survey is with regard to RK University, School of Engineering graduates/post graduates employed at your organization. We seek your help in completing this survey.

A: Excellent   B: Very good   C: Good   D: Fair   E: Poor

Knowledge.

1. Math, Science, Humanities and professional discipline, (if applicable)

    (A)   (B)   (C)   (D) (E)

2. Problem formulation and solving skills   (A)   (B)   (C)   (D) (E)

3. Collecting and analyzing appropriate data   (A)   (B)   (C)   (D) (E)

4. Ability to link theory to Practice   (A)   (B)   (C)   (D) (E)

5. Ability to design a system component or process (A)   (B)   (C)   (D) (E)

6. Computer knowledge.   (A)   (B)   (C)   (D) (E)

Communication Skills

1. Oral communication   (A)   (B)   (C)   (D) (E)

2. Report writing   (A)   (B)   (C)   (D) (E)

3. Presentation skills   (A)   (B)   (C)   (D) (E)

Interpersonal Skills

1. Ability to work in teams   (A)   (B)   (C)   (D) (E)

2. Leadership   (A)   (B)   (C)   (D) (E)

3. Independent thinking   (A)   (B)   (C)   (D) (E)

4. Motivation   (A)   (B)   (C)   (D) (E)

5. Reliability   (A)   (B)   (C)   (D) (E)

6. Appreciation of ethical values   (A)   (B)   (C)   (D) (E)

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Work skills

1. Time management skills   (A)   (B)   (C)   (D) (E)

2. Judgment   (A)   (B)   (C)   (D) (E)

3. Discipline   (A)   (B)   (C)   (D) (E)

General Comments

Please make any additional comments or suggestions, which you think would help strengthen our programs for the preparation of graduates who will enter your field. Did you know as to what to expect from graduates?

_____
_____
_____
_____
_____

Information About Organization

Organization Name_____

Type of Business_____

Number of Graduates (specify the program) in your Organization:

Faculty Course evaluation

Please submit feedback regarding the course you have just completed, including feedback on course structure and content

1.Course Code and Name: _____

2.Instructor: _____

3. Semester: _____   **4. Number of Student Registered:** _____

5.Level of effort:

- ☐   Poor
- ☐   Fair
- ☐   Very Good
- ☐   Excellent

6. ASSESSMENT METHOD

- ☐   Regular (TCIE+PCIE)
- ☐   AAC (TCIE +PCIE)
- ☐   Regular TCIE & AAC PCIE
- ☐   AAC TCIE & Regular PCIE
- ☐   ANY OTHER

7. Result Analysis

Grade A+ _____   A _____   B+ _____   B _____   C+ _____   C _____   F _____

8. % of Pass: _____

9. Course content:

Learning objectives were clear

☐ Strongly disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly agree

Course content was organized and well planned

☐ Strongly disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly agree

Course workload was appropriate

☐ Strongly disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly agree

Course organized to allow all students to participate fully

☐ Strongly disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly agree

10. What aspects of this course were most useful or valuable?

_____

_____

11. Assessment: Comment on the continuing effectiveness of method(s) of assessment in relational the intended learning outcomes (Course Learning Outcomes) (Max. 150 words)

_____

_____

_____

_____

12. How would you improve this course?

_____

_____

_____

13. Is there any new course which you suggest important for the students?

_____

_____

1st Sem BPharm - Students Feedback

Dear Students,
Fill out all the forms - pages for submitting your valuable feedback towards particular faculty...
* Required

1. Email address *

   _____

2. Select Faculty *

   Mark only one oval.

   ◯ BP101T - Human Anatomy Physiology - Mr. Tejas Ganatra

3. **Course Organization** *

Mark only one oval per row.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
The course syllabus clearly defined course objectives.	○	○	○	○	○	○
Technology (Projector, Internet, etc.) was used appropriately in the course.	○	○	○	○	○	○
I feel that my learning increased in this course.	○	○	○	○	○	○
The workload for this course was appropriate.	○	○	○	○	○	○
The textbook and course materials were useful & easy to understand.	○	○	○	○	○	○
Classroom facilities and learning environment were adequate.	○	○	○	○	○	○
To me, the level of difficulty of this course was manageable.	○	○	○	○	○	○
I am satisfied with this course.	○	○	○	○	○	○

4. Faculty Interaction *

Mark only one oval per row.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
Lectures are clear and organized.	◯	◯	◯	◯	◯	◯
My instructor respected students' point of view.	◯	◯	◯	◯	◯	◯
The instructor was timely in giving comments and review of students' work.	◯	◯	◯	◯	◯	◯
The instructor gave adequate extra help when needed.	◯	◯	◯	◯	◯	◯
My instructor encouraged class discussion.	◯	◯	◯	◯	◯	◯
My instructor made good use of the school's library and learning resources.	◯	◯	◯	◯	◯	◯

5. Additional comments about faculty

Write your views about the teaching faculty

_____

_____

_____

_____

_____

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Dear Students,
Filll out all the forms - pages for submitting your valuable feedback towards particular faculty...