



Student Faculty Feedback

Ayear: Semester:
Course: Branch:
Class: Division:
Faculty Name: Subject Name:
From Date: To Date:

Table with 4 columns: Q.No, Question, Points (Sum of all Feedback Forms), Avg. Point (Total Points / No.of Feedback Forms). Rows Q1-Q10.

Avg. of questions

Your PI is:

Table with 2 columns: Sr.No., Comments.

Dean of Academic

Director

