

**St.Xavier's College (Autonomous) Palayamkottai – 2.**  
**DEPARTMENT OF \_\_\_\_\_**  
**ALUMNI FEEDBACK FORM FOR SYLLABUS REVISION**

1. Name **(IN BLOCK LETTERS)** & Reg.No.:

2. Correspondence Address :

3. Contact No. & Email :

4. Year of Passing :

5. Course studied :

6. Present Status

<p>If working</p> <p>Designation : Address of Work Place :</p>	<p>if studying</p> <p>Course of Study : Institution Address :</p>
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8. Annual Salary (if working) (This will be used to submit report to

UGC & NAAC and not for any other purpose :

**Please give your feedback on the following scale [Please put a √ in A or B or C or D]**

4.00

3.00

2.00

1.00

0.0

A	B	C	D
<b>Excellent</b>	<b>Good</b>	<b>Satisfactory</b>	<b>Unsatisfactory</b>

Sl	Details	A	B	C	D
1	The quality of course content				
2	The relevance of the syllabus				
3	The overall development you received				
4	The syllabus is skill oriented				
5	The syllabus is job oriented				
6	The standard of syllabus is on par with National / International standards				
7	The overall standard of syllabus				

Suggest changes to be incorporated in the syllabus

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Signature