



BRAINWARE UNIVERSITY Parent's Feedback Form

Dear Parent,

Parental review and feedback are important for us. We are always looking for feedback to improve and create an extraordinary and challenging academic experience.

Name: _____

Contact No. _____

Occupation: _____

Relationship with student: _____

Programme pursuing by the ward _____ Semester _____

Please rate with the given score:	1 - Minimum	5 - Maximum
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	1	2	3	4	5
1. How do you rate the cleanliness and ambience in campus?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How do you rate the quality and relevance of the syllabus included into the semester?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How do you rate the availability of the text and reference books in the market?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How do you rate the syllabus in terms of latest technologies or future technologies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How do you rate the quality of teaching in the University?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. How do you rate the outcomes that your ward has achieved from the courses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. How do your rate the transparency of the evaluation system in the University?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Suggestion (if any) _____

Date : _____

Signature: _____