**STUDENT FEEDBACK FORM**

*\*To be filled by students enrolled in the course or have just completed it.*

1. NAME OF STUDENT:

2. ROLL NUMBER OF STUDENT:

3. ADMISSION SESSION:

4. SEMESTER:

5. PHONE:

6. EMAIL:

7. GENDER: [ ] MALE. [ ] FEMALE.

8. Overall, how satisfied are you with your experience as a student at VSM AEROSPACE AME TRAINING SCHOOL?

[ ] Highly satisfied. [ ] Just Satisfied. [ ] Not satisfied.

9. How likely are you to recommend VSM AEROSPACE AME TRAINING SCHOOL as a good place to study?

[ ] Extremely likely [ ] Likely [ ] Not at all

10. How would you rate the following aspects of your educational experience? (Tick the necessary opinion)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Excellent | Very Good | Good | Fair | Poor |
| Quality of teaching faculty |  |  |  |  |  |
| Quality of Teaching Materials (Training Notes, Slides, etc.) |  |  |  |  |  |
| Quality of practical faculty |  |  |  |  |  |
| Quality of Practical Training material (Procedure Sheet, Task Cards, etc) |  |  |  |  |  |
| Quality of Lab, Workshop, etc. |  |  |  |  |  |

11. Is there anything else you would like to share about your level of satisfaction with your educational experience?

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12. How would you rate the services/facilities at this Institution? (Tick the necessary opinion)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Excellent | Very Good | Good | Fair | Poor |
| Campus |  |  |  |  |  |
| Classroom |  |  |  |  |  |
| Laboratory, Workshop facilities |  |  |  |  |  |
| Library |  |  |  |  |  |
| Parking |  |  |  |  |  |
| Career counselling and placement |  |  |  |  |  |
| Cleanliness of Campus |  |  |  |  |  |

13. Is there anything else you would like to share about your level of satisfaction with this Institute’s support services and facilities?

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14. Any other ideas, suggestions or comments or any questions asked are most welcome.

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15. Date: