NARAYANA ENGINEERING COLLEGE:: NELLORE
Parents Feedback on curriculum

Student Name	Reg.No	Year of Study	semester	Program Year
Parent Name	**Qualification**	**Occupation**	**E-Mail ID**	**Contact No**

Sl NO	Question	V.Good (4)	Good (3)	Average (2)	Poor (1)	If Average or poor the changes Suggested
1	How do you rate the program that your ward is undergoing in terms of the load of the courses in different semesters?					
2	How the syllabus of the present curriculum updated? If no then specify the modifications to be made in the present curriculum?					
3	How do you rate the quality and relevance of the courses included into the semester?					
4	How do you rate the courses in terms of their relevance to the latest technologies or future technologies?					
5	How do you rate the programs based on the comfort of your ward in coping with the workload?					
	Total					

Need any change in curriculum and syllabi? Specify.

Any other suggestions/comments:

(Signature)