**24th Students’ Feedback on Courses for even Semester, February – July 2024**

 **Name of the Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Semester : II No of Students: \_\_\_\_\_\_\_\_\_**

**Disciplinary / Major / Minor / Practical Courses**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl.****No.** | **Course Code** | **Course Title** | **Name of Teachers involved** | **Teacher Code** | **Please Tick** |
| **Permanent** | **Guest Lecturer** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Interdisciplinary/Major/Minor Courses offered by your department**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl.****No.** | **Course Code** | **Course Title** | **Name of Teachers involved** | **Teacher Code** | **Please Tick** |
| **Permanent** | **Guest Lecturer** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Semester : IV No of Students: \_\_\_\_\_\_\_\_\_**

**Details of Major/Field Project Courses**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl.****No.** | **Course Code** | **Course Title** | **Name of Teachers involved** | **Teacher Code** | **Please Tick** |
| **Permanent** | **Guest Lecturer** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Internal Quality Assurance Cell (IQAC), Mizoram University**

**24th Students’ Feedback on Courses for even Semester, February – July 2024**

**Name of the Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Semester : II, IV, VI, VIII, X (for SET, B.Arch. & IMBA) No of Students: \_\_\_\_\_\_\_\_\_**

**Core Course**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl.****No.** | **Course Code** | **Course Title** | **Name of Teachers involved** | **Teacher Code** | **Please Tick** |
| **Permanent** | **Guest Lecturer** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Foundation / Soft Course**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl.****No.** | **Course Code** | **Course Title** | **Name of Teachers involved** | **Teacher Code** | **Please Tick** |
| **Permanent** | **Guest Lecturer** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Open Elective (OE) offered by your Department**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl.****No.** | **Course Code** | **Course Title** | **Name of Teachers involved** | **Teacher Code** | **Please Tick** |
| **Permanent** | **Guest Lecturer** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Details of Open Elective (OE) Courses to which your student are enrolled :**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl.****No.** | **Course Code** | **Course Title** | **Name of Teachers involved** | **Teacher Code** | **Please Tick** |
| **Permanent** | **Guest Lecturer** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Internal Quality Assurance Cell (IQAC), Mizoram University**

**IQAC-MZU : Proforma of 24th Students’ Feedback on Teachers, February - July 2024**

**Name of the Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of School : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Semester : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No of Students : \_\_\_\_\_\_\_\_\_ (\*Please fill in all the fields)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl.****No.** | **Roll No.** | **Name of Students** | **Category** | **Gender** |
| **(St/SC/Gen./OBC)** | **Male/Female** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | **Class Representative** | **Name :** | **Mobile No.** |

**IQAC-MZU : Proforma Teachers E-mail Address (I.D.)**

**Name of the Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of School : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(\*Preferably current e-mail address used currently by respective teachers)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl.****No.** | **Name of HoD** | **Designation****Professor / Assoc. Prof.)** | **E-mail Address (I.D.)\*** |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl.****No.** | **Name of Faculty** | **Designation****Prof. / Assoc. Prof. / Asst. Prof. / Guest Lecturer)** | **E-mail Address (I.D.)\*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |