



Alumni Feedback Form

Personal Information

Full Name: _____		Date: _____
Phone Number: _____	Email Address: _____	
Graduation Year: _____	Department: _____	

Academic Experience

- 1) **How would you rate the quality of education you received at BTIRT ?**
 Excellent Good Average Poor
- 2) **Relevance of content of curriculum with current job/ Occupation?**
 Very Effectively Effectively Moderately Slightly Not at all
- 3) **How would you rate the faculty in terms of knowledge and teaching effectiveness?**
 Excellent Good Average Poor
- 4) **Were the Infrastructure, lab and library facilities available in the college adequate and up-to-date?**
 Yes No
- 5) **How accessible were the faculty and staff outside of class for additional help and guidance?**
 Very Accessible Accessible Moderately Accessible Not Accessible

Career Development

- 1) **What is your current employment status?**
 Employed Self-Employed Unemployed Pursuing Further Studies Other : _____
- 2) **If employed, please specify your current job title and company:**
 Job Title: _____ Company: _____
- 3) **How relevant is your current job to your degree from BTIRT ?**
 Very Relevant Relevant Somewhat Relevant Not Relevant
- 4) **Did the college provide adequate support for internships and job placements?**
 Yes No
- 5) **How would you rate the career services and guidance provided by the college?**
 Excellent Good Average Poor
- 6) **Overall, how satisfied are you with your experience at BTIRT ?**
 Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied
- 7) **Would you recommend BTIRT to prospective students?** Yes No
- 8) **What improvements would you suggest for BTIRT?**

- 9) **Any additional comments or feedback:**

Thank you for taking the time to provide your feedback. Your responses are invaluable in helping us improve the educational experience at BTIRT.

Signature

Date.....