

Survey of Graduating Students

(To be filled out by graduating students in last semester / year before the award of degree)



Dear Student.

The purpose of this survey is to assess the quality of the academic programs. Through this survey we seek your valuable input on the quality of education you are currently receiving in your enrolled program and the level of preparation that programs have at the university. We seek your help in completing this survey. Please participate in this survey and provide your unbiased response.

Note: The respondents' information and results of this survey will be kept anonymous and confidential.

- 1: Name (Optional): _____ 2. Year of graduation: _____
 3: Gender: _____ 4: Name of Degree: _____
 5: Have completed education in VU as a: _____ Full time student/Businessman/Employee
 6: Location (city Name): _____
 7: You will re-enroll in any program of VU in future: Yes/No

| Q8 | Statements | Very Satisfied | Satisfied | Uncertain | Dissatisfied | Very Dissatisfied |
|----|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 | The work in the program is too heavy and induces a lot of pressure | <input type="checkbox"/> |
| 2 | The program is effective in enhancing team-working abilities. | <input type="checkbox"/> |
| 3 | The program administration is effective in supporting learning. | <input type="checkbox"/> |
| 4 | The program is effective in developing analytical and problem solving skills. | <input type="checkbox"/> |
| 5 | The program is effective in developing independent thinking. | <input type="checkbox"/> |
| 6 | The program is effective in developing written communication skills. | <input type="checkbox"/> |
| 7 | The program is effective in developing planning abilities. | <input type="checkbox"/> |
| 8 | The objectives of the program have been fully achieved | <input type="checkbox"/> |
| 9 | Whether the contents of curriculum are advanced and meet program objectives | <input type="checkbox"/> |
| 10 | Faculty was able to meet the program objectives | <input type="checkbox"/> |
| 11 | Environment was conducive for learning | <input type="checkbox"/> |
| 12 | Whether the Infrastructure of the department was good. | <input type="checkbox"/> |
| 13 | Whether the program was comprised of Co-curricular and extra-curricular activities | <input type="checkbox"/> |
| 14 | Whether scholarships/ grants were available to students in case of hardship | <input type="checkbox"/> |

Q 9: Answer the following question (if applicable).

How much you are agreed or disagreed with each of the following aspect of the internship.

| Q | Statements | Very Satisfied | Satisfied | Uncertain | Dissatisfied | Very Dissatisfied |
|---|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| The internship experience is effective in enhancing | | | | | | |
| 1 | Ability to work in teams | <input type="checkbox"/> |
| 2 | Independent thinking | <input type="checkbox"/> |
| 3 | Appreciation of ethical values | <input type="checkbox"/> |
| 4 | Professional development | <input type="checkbox"/> |
| 5 | Time management skills | <input type="checkbox"/> |
| 6 | Judgment | <input type="checkbox"/> |
| 7 | Discipline | <input type="checkbox"/> |
| 8 | The link between theory and practice | <input type="checkbox"/> |

Q10: What are the best aspects of your program?

Q10: What aspects of your program could be improved?