**GAMPAHA WICKRAMARACHCHI UNIVERSITY OF INDIGENOUS MEDICINE**

**Centre for Quality Assurance**

**Summary Report- Students feedback**

**Faculty/Unit : ……………………………………………………**

**Department : ………………………………………………**

**Academic Year: …………………………………………. Level: …………………………………………….**

**Semester :…………………………………………………**

**Table 01:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Subject Code** | **No of Registered students** | **No of Received feedback forms**  | **Overall score** | **Comments** |
| **1.** |  |  |  |  |
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**Table 02:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Level** | **No of feedback collected subjects** | **No of subjects feedback not collected**  | **Average percentage of feedback per subject** | **Comments**  |
| **1st year** |  |  |  |  |
| **2nd Year** |  |  |  |  |
| **3rd Year** |  |  |  |  |
| **4th Year** |  |  |  |  |
| **5th Year** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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Faculty IQAC coordinator Dean of the Faculty