MOTHER TERESA WOMEN'S UNIVERSITY KODAIKANAL

PARENT FEEDBACK FORM

S.No.	Details				
1.	Parent	Name			
		Employment			
		Position			
		Address			
			Pin code		
		Phone	LL		
			Mobile		
2.	Your daughter	Name			
		Program / Course			
		Year of Study			

ľ	3.	Are you an Alumnus of the University (Please tick)	Yes	No	

4. Your satisfaction regarding	Very High	High	Low	Very low
Admission process				
Improvement in knowledge of your daughter				
Improvement in skill of your daughter				
Improvement in attitude of your daughter				
Improvement in self-confidence level of your daughter				
Increase in the job opportunity of your daughter				
Grades obtained by your daughter				
Quick declaration of examination results of your daughter				
Interaction/communication with the University				

5. Overall satisfaction of your association with		
the University		

Signature of the Parent: