

Alumni Feedback form

Mar Dioscorus College of Pharmacy
Criteria 10.1.2

1. Email *

2. Name

3. Graduation Year

4. Degree

Mark only one oval.

☐ B Pharm

☐ Mpharm

☐ D Pharm

5. Current occupation

6. Email

7. Phone Number

Alumni Feedback Form

Mar Dioscorus College of Pharmacy

8. 1.Are you currently a member of the alumni association?

Mark only one oval.☐ Yes☐ No

9. 2.Do you feel proud as MDCP Alumnus?

Mark only one oval.☐ Yes☐ No

10. 3.Have you referred a student to our institution?

Mark only one oval.☐ Yes☐ No

11. 4.Would you be willing to consider making donation to support alumni initiatives?

Mark only one oval.☐ Yes☐ No

12. 5.Are you interested in volunteering for programs arranged by alumni association?

Mark only one oval.

☐ Yes

☐ No

13. 6. Would you like to receive updates about alumni events and news via social media?

Mark only one oval.

☐ Yes

☐ No

14. 7.Would you like to receive information about carrer opportunities and professional development?

Mark only one oval.

☐ Yes

☐ No

15. 8. Have you attended an alumni event organized by the college in the past year?

Mark only one oval.

☐ Yes

☐ No

16. 9. Were you satisfied with the college's infrastructure during your time as a student?

Mark only one oval.

☐ Yes

☐ No

17. 10. Were the classroom and lecture halls well maintained and equipped?

Mark only one oval.

☐ Yes

☐ No

18. 11. Were the college's sports and recreational facilities satisfactory?

Mark only one oval.

☐ Yes

☐ No

19. 12. Were faculty members at the college knowledgeable and experienced in their subjects?

Mark only one oval.

☐ Yes

☐ No

20. 13. Were the curriculum and course materials relevant and up to date?

Mark only one oval.

☐ Yes

☐ No

21. 14. The faculty members are approachable and willing to provide guidance and mentorship?

Mark only one oval.

☐ Yes

☐ No

22. 15. Are you satisfied with the overall quality of education at the college?

Mark only one oval.

☐ Yes

☐ No

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