

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 career 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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