SHAHEED ZULFIKAR ALI BHUTTO
INSTITUTE OF SCIENCE AND TECHNOLOGY

The survey seeks graduating students input on the quality of education they received in their program and the level of preparation they had at SZABIST. The purpose of this survey is to access the quality of the academic programs. We seek your help in completing this survey.

A: Very Satisfied   B: Satisfied   C: Uncertain   D: Dissatisfied   E: Very Dissatisfied

1   The program is effective in developing written communication skills.

     A   B   C   D   E

2   The Program Is effective in developing analytical and problem solving skills.

     A   B   C   D   E

3   The program Is effective in enhancing team- working abilities.

     A   B   C   D   E

4   The program is effective in developing planning abilities

     A   B   C   D   E

5   The program is effective in developing independent thinking

     A   B   C   D   E

6   Contents of the curriculum meet program objectives

     A   B   C   D   E

7   Faculty is competent and able to meet the program objectives

     A   B   C   D   E

8   The program coordinator Is helpful in supporting learning

     A   B   C   D   E

9   Environment is conductive to learning

     A   B   C   D   E

10   There are enough co-curricular and extra-curricular activities available

     A   B   C   D   E

11   The objectives of the program have been fully achieved

     A   B   C   D   E

12   Scholarships, financial assistance and grants are available

     A   B   C   D   E

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Answer Question # 13 if applicable

13   The internship experience is effective in enhancing:

a.	Ability to work in teams	A	B	C	D	E
b.	Independent Thinking	A	B	C	D	E
c.	Appreciation of ethical values	A	B	C	D	E
d.	Professional Development	A	B	C	D	E
e.	Time Management Skills	A	B	C	D	E
f.	Judgment	A	B	C	D	E
g.	Discipline	A	B	C	D	E
h.	The link between theory and Practice	A	B	C	D	E

14   What were the best aspects of your program?

_____
_____
_____
_____
_____

15   What aspects of your program could be improved?

_____
_____
_____

16   Any other Comments

_____
_____

Name: _____

Program: _____

Registration No: _____