Feedback Form on Guest Lecture Sessions – 20___

School of _____

Course_____

Year / Section		**Academic Year**	
Name of the Guest		**Date of the Lecture**	
Topic of the lecture		**Duration**	

Sl. No	Description	Excellent	Good	Average	Poor
1	The instructor explained the topic clearly and used relevant examples				
2	The lecture was interactive and felt engaged				
3	Speaker positively influenced my view towards the topic				
4	In future, I would like to attend the lectures from the speaker				

Mention few points you have learnt from the lecture