Name:	
Registration #:	
Program:	

The survey seeks your feedback on the quality of the academic program you have completed from SZABIST. Please check mark the appropriate box by using the following scale to express your honest opinion.

VS: Very Satisfied S: Satisfied U: Uncertain D: Dissatisfied VD: Very Dissatisfied NA: Not Applicable

	vs. very satisfied s. satisfied c. officertain b. dissatisfied	, 20 , 01,	,		- 1		
S#	Statement	VS	S	U	D	VD	NA
1	My program was effective in developing my analytical and problem solving skills						
2	My program was effective in developing my independent thinking						
3	My program had current and updated curriculum						
4	My program had competent and supportive faculty members						
5	My program manager was helpful and supportive in academic matters						
6	The environment of SZABIST was conducive to learning						
7	The infrastructure of SZABIST was adequate to support learning						
8	Financial assistance (fee subsidy or scholarship) was available (if applicable)						
	The internship experience through SZABIST is effective in: [Please leave it	blank if	it is no	t applic	able to yo	ou]	
	Providing adequate knowledge of work						
	ii. Creating link between theory and practice						
	iii. Managing work responsibilities						
9	iv. Enhancing ability to work in teams						
	v. Refining initiative and creative thinking						
	vi. Improving attitude towards work and colleagues						
	vii. Developing professionally						
	viii. Preparing for future job						

The best aspects of my program were:
The following aspects of my program need improvement:
Any other comments: