



**KARNATAKA STATE OPEN UNIVERSITY**  
**MUKTHAGANGOTRI, MYSURU – 570 006**  
**CENTRE FOR INTERNAL QUALITY ASSURANCE**

**Feedback / Suggestion from Parents**

**Brief Parents Information:**

1. Full Name : \_\_\_\_\_

Fill in the box with the number given below :

- |  |                          |
|--|--------------------------|
| 1) Curriculum                          | <input type="checkbox"/> |
| 2) Teaching and Learning               | <input type="checkbox"/> |
| 3) Infrastructure                      | <input type="checkbox"/> |
| 4) Fee Structure                       | <input type="checkbox"/> |
| 5) Teacher-Student relation            | <input type="checkbox"/> |
| 6) Non-Teaching/Staff-Student relation | <input type="checkbox"/> |
| 7) Financial aid (fee free ship etc.)  | <input type="checkbox"/> |

5 - Excellent    4 - Very Good    3 - Good    2 - Average    1 - Poor

Suggestion if any:

*[Signature]*  
Director

Centre for Internal Quality Assurance  
Karnataka State Open University  
Mukthagangotri, Mysuru-570006

Signature of the Parent/Guardian: \_\_\_\_\_

Name of Student : ( \_\_\_\_\_ )

Programme : \_\_\_\_\_

Please email the completed form to [feedbackciqa.ksou@gmail.com](mailto:feedbackciqa.ksou@gmail.com)