



**GLOBAL INITIATIVE OF ACADEMIC NETWORK
PARTICIPANTS FEEDBACK FORM Workshop on Communication Innovation &
Entrepreneurship**

Your feedback is critical for the GIAN team to ensure we are meeting your educational needs. Please complete the following feedback form.

Course Title: _____ **Course Dates:** _____

Host Institute Name: _____

Participant Name: _____

Category: UR ☐ SC ☐ ST ☐ OBC ☐ EWS ☐

Participant Email Address: _____ **Participant Phone Number:**

Please rate the following: Excellent (5) Very Good (4) Good (3) Satisfactory (2) Poor (1)

Particulars	Score
Course Instructors:	_____
Course Content:	_____
Tutorials/Discussions/Hands-on Sessions:	_____
Acoustics and Other Facilities:	_____

Overall Experience with the Workshop on Communication Innovation & Entrepreneurship:

Excellent (5) Very Good (4) Good (3) Satisfactory (2) Poor (1)

Comments on this Workshop on Communication Innovation & Entrepreneurship:

Comments on the Workshop on Communication Innovation & Entrepreneurship:

Signature: _____

Thank you for your valuable feedback!