

## NSB World Business School Event / Activity feedback form

Field	Description					
Event Title						
Organized By	Department / Club / Cell: _____					
Date & Venue	_____					
Coordinator(s)	_____					
<b>Criteria</b>		<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
1. Relevance of the event to academic / professional growth		<input type="checkbox"/>				
2. Clarity of objectives and communication before the event		<input type="checkbox"/>				
3. Quality of content / activities conducted		<input type="checkbox"/>				
4. Coordination and organization by faculty / student teams		<input type="checkbox"/>				
5. Time management and event flow		<input type="checkbox"/>				
6. Venue and facility arrangements (audio, seating, etc.)		<input type="checkbox"/>				
7. Usefulness of event outcomes / learnings		<input type="checkbox"/>				
Question	Response					
What did you like most about the event?	_____					
Suggestions for improvement	_____					
Would you like to attend similar events again?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe					

## **Faculty In-charge**

HoP

## Director