

Capital University of Science and Technology

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Employer Feedback Form

Employee: Employee Designation: Reporting Official:		Dept+Reg#: Organization Name: Email/Telephone:													
								The information provided in the form will help us to improve the educational system of the university. Please select the option that best describes your level of satisfaction at each question:							
								(1)	Below Average (2) Average (3) Good (4) Ver	y Good (5)Excellent	1	2	3	4	5
1.	Knowledge and Professional Skills														
a)	In-depth understanding of the functional areas														
b)	Problem understanding skills														
c)	Collecting and analyzing appropriate data														
d)	Ability to adapt and understand working environr	ments													
2.	Self- Management														
a)	Learning capabilities														
b)	Initiative/Motivation														
c)	Time management														
d)	Independent thinking and decision making														
3.	Interpersonal skills and values														
a)	Verbal and written communication														
b)	Ability to work in a team														
c)	Social interaction														
d)	Ethical values and behavior														
4.	General Comments Please make any additional comments or feedba program for preparation of graduates who will ste	•		•	•	-	•								