



THIAGARAJAR COLLEGE OF ENGINEERING - MADURAI 625 015
TCE-III

S.No	One credit course need analysis sheet	
1.	Name of the Course	
2.	Name of the Industry	
3.	Name of the SIG associated with	
4.	Motivation for offering the course	
4.1	Feedback (If yes, Details of the feedback as per the annexure I)	
	From Recruiter	Y/N
	From Employer	Y/N
	From Alumni	Y/N
	From Academic Council members	Y/N
	From Board of Studies members	Y/N
	From Senior students	Y/N
	From current students	Y/N
	From Performance Assessment Committee	Y/N
	From Department Advisory committee	Y/N
4.2	Faculty participation in Seminar/FDP (If yes, details)	
	At higher learning institutes	
	At Industry	
5.	Outcomes expected	
	Technology transfer	
	Student Internship	
	Placement	
	Organizing FDP/seminar at TCE	
	Collaborative research/consultancy projects	
	Faculty as Trainee/Trainer in the Industry	
	Joint publications	
	Setting up of Lab/Infrastructure	

Annexure I (Details of Feedback)

Name of the Person	Date of the visit/meeting	Affiliation	Purpose of visit	Suggestions/ Comments	Action taken



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Ref:

Date:

To

SUB: Invitation to share your expertise for the design and delivery of One/Two credit Course- Reg.

Dear Sir/ Madam,

We are well aware of your contributions in the area of _____ . We are proposing to offer a One/Two Credit course for the benefit of our students in this area.

Hence, we request you to share your expertise in the design of the course. The proposed date of meeting is _____ .

Kindly, make it convenient to attend the course design meeting.

Head of the Department

Dean III



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Attendance sheet for the one/two credit

Name of the Course:

Name of the Industry:

Name of the Expert:

Number of Students enrolled:

Name of the Faculty:

Date/Time/Venue:

S.No	Reg.No	Name	Department	Signature

Signature of the Faculty Coordinator



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Course Schedule

Name of the Course:

Name of the Industry:

Name of the Expert:

Number of Students enrolled:

Name of the Faculty:

Date/Time/Venue:

Date	Time	Topics	Remarks
Day1			
Day2			

Signature of the Expert

Signature of the Faculty coordinator



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Course Instructor Feedback for One/Two credit course

Name of the Course:

Name of the Industry:

Name of the Expert:

Date/Time/Venue:

	Comments
Student attendance	
Level of the students in understanding the concepts	
Any suggestions regarding new content to be included as Prerequisites/Special electives	
Hall/Lab arrangements	
Hospitality	

Signature of the Course Instructor

Signature of Head of the Department



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Student Feedback for One/Two credit course

Name of the Course:

Name of the Industry:

Name of the Expert:

Date/Time/Venue:

	Excellent	Good	Poor	Comments
Course Structure and Organisation				
Level of treatment of the Subject				
Overall quality of Slides/Examples				
Lab demonstration/ Practical				
Clarity in Presentation and lecture delivery				

Signature of the students

	<h2>Teaching Learning Process formats</h2>	Doc No	QR/C4-13
		Rev. No.	00
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One/Two Credit Course Feed back questionnaire

Name of the Expert	
Date of Lecture	

Please rate the following parameters in a scale of 1 to 4, where

1 Poor

3 Good

2 Average

4 Excellent

(Please round / tick the appropriate rating)

SL.No.	Parameters	Rating			
		1	2	3	4
1	Technical content	1	2	3	4
2	Communication skill	1	2	3	4
3	Punctuality	1	2	3	4
4	Presentation skill	1	2	3	4
5	Discussion	1	2	3	4
6	Personality	1	2	3	4
7	Overall arrangements	1	2	3	4

Any other suggestions for the improvement

Rated by		Signature



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Feedback analysis by Course Coordinator for One/Two credit course

Name of the Course:

Name of the Industry:

Name of the Expert:

Date/Time/Venue:

	Comments
Student attendance	
Level of the students in understanding the concepts	
Level of treatment of the Subject	
Overall quality of Slides/Examples	
Lab demonstration/ Practical	
Any suggestions regarding new content to be included as Prerequisites/Special electives	
Any special infrastructure needed for the betterment	
Is there a possibility of arranging Internship for the students from this industry	

Signature of the Faculty Coordinator Signature of Head of the Department