IQAU/P/005



Bhiksu University of Sri Lanka INTERNAL QUALITY ASSURANCE UNIT

EVALUATION FORM OF WORKSHOPS

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1 I was well informed about the objectives of this workshop.					1	2	3	4	5
2 The workshop was applicable to my career.3 The program was well paced within the allocated time.					1	2	3	4	5 5
1 5									5
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6 I would be interested in attending a follow-up, more advanced workshop on the						2	3	4	5
same subject.									
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- Please return this form to the Coordinator at the end of the workshop -