



BHIKSU UNIVERSITY OF SRI LANKA

**STUDENT FEEDBACK
FOLLOW-UP ACTION BY HEAD OF THE DEPARTMENT**

Name of the Lecturer -

Semester and Academic Year -

(1) Major strengths identified (A short summary)

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(2) Major weakness identified (A short summary)

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(3) List of strategies suggested by the lecturer to address the weakness

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Signature of the Lecturer

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Date

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Signature of the Head of the Department

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Date