



BHIKSU UNIVERSITY OF SRI LANKA

STUDENT FEEDBACK

FOLLOW-UP ACTION BY THE LECTURER

Name of the Lecturer -

Subject Codes -

Semester and Academic year -

Weakneses	Implementation method (Please provide a short description)	Period of implementation

.....
Signature of the Lecturer

.....
Date

.....
Signature of the Director (UPEDEC)

.....
Date