



**STUDENT FEEDBACK**  
**BHIKSU UNIVERSITY OF SRI LANKA**  
**FOLLOW-UP ACTION BY THE LECTURER**

Name of the Lecturer -

Subject Codes -

Semester and Academic year -

<b>Weakneses</b>	<b>Implementation method (Please provide a short description)</b>	<b>Period of implementation</b>

.....  
Signature of the Lecturer

.....  
Date

.....  
Signature of the Head of the Department

.....  
Date