

Form Type:A(19)	DARUL HUDA ISLAMIC UNIVERSITY	<i>Record No.(office use)</i>
	ACADEMIC FEEDBACK FORM	

Sub :.....

From:..... **Date:**.....

To: Academic Office(OAA) Exam Office Admin Office Section Office Others

Related to: Text Book Portion Evaluation Course Outline Co-curricular

Description of Item/Complaint/Problem:*

Suggested Solution:*

Feeded by: _____ *Name and Seal of Institution:* _____

Designation of feeder: _____

Staff Code No. _____

Contact No. _____

Email id. _____

Signature of feeder: _____

For Office Use Only

Referred to:.....

Status:.....

Result:.....

Date of Received:..... **Date of completion:**.....

Cleared by:..... **Sign:**.....

NB:-*Attach extra sheet if necessary and mention here:

- 1)
- 2)