



Quality Enhancement Cell (NUML / HEC)
Islamabad

Proforma 5:

Faculty Survey

(To be submitted on annual basis by each faculty member)

The purpose of this survey is to assess faculty members' satisfaction level and the effectiveness of programs in place to help them progress and excel in their profession. We need your help in completing this survey and the information provided will be kept in confidence. **Indicate how satisfied you are with each of the following aspects of your situation at your department.**

A: Very Satisfied B: Satisfied C: Uncertain D: Dissatisfied E: Very dissatisfied

S #	Questions	Very Satisfied	Satisfied	Uncertain	Dissatisfied	Very dissatisfied
Q. 1	Your satisfaction level:					
	i. Research	A	B	C	D	E
	ii. Teaching	A	B	C	D	E
	iii. Community service	A	B	C	D	E
Q. 2	The intellectual stimulation of your work	A	B	C	D	E
Q. 3	Type of teaching/research you currently do.	A	B	C	D	E
Q. 4	Your interaction with students.	A	B	C	D	E
Q. 5	Cooperation you receive from colleagues	A	B	C	D	E
Q. 6	The mentoring available to you	A	B	C	D	E
Q. 7	Administrative support from the department	A	B	C	D	E
Q. 8	Providing clarity about the faculty promotion process	A	B	C	D	E
Q. 9	Your prospects for advancement and progress through ranks.	A	B	C	D	E
Q. 10	Salary and compensation package.	A	B	C	D	E
Q. 11	Job security and stability at the department.	A	B	C	D	E
Q. 12	Amount of time you have for yourself and family.	A	B	C	D	E
Q. 13	The over all climate at the department.	A	B	C	D	E
Q. 14	Amount of time you have for research activities	A	B	C	D	E

Q. 15 What are the best programs/factors currently available in your department that enhance your motivation and job satisfaction:

Q. 16 Suggest programs/factors that could improve your motivation and job satisfaction?

Q. 17 Educational Level

- 1** PhD
2 M. Phil
3 M.A/ M. Sc
4 Other (please specify) _____

Information about faculty member

Q. 18	Professor	Associate Professor	Assistant Professor	Lecturer	Other
i. Academic Rank:	A	B	C	D	E

Q. 19	1-5	6-10	11-15	16-20	> 20
ii. Years of service (in years):	A	B	C	D	E

Name: _____ Signature: _____ Date: _____