



THIAGARAJAR COLLEGE OF ENGINEERING - MADURAI 625 015
TCE-III

S.No	One credit course need analysis sheet	
1.	Name of the Course	Practical Approaches to Networking
2.	Name of the Industry	Microsoft
3.	Name of the SIG associated with	Network SIG.
4.	Motivation for offering the course	
4.1	Feedback (If yes, Details of the feedback as per the annexure I)	
	From Recruiter	Y/N
	From Employer	Y/N
	From Alumni	Y/N
	From Academic Council members	Y/N
	From Board of Studies members	Y/N
	From Senior students	Y/N
	From current students	Y/N
	From Performance Assessment Committee	Y/N
	From Department Advisory committee	Y/N
4.2	Faculty participation in Seminar/FDP (If yes, details)	
	At higher learning institutes	N
	At Industry	N
5.	Outcomes expected	
	Technology transfer	-
	Student Internship	✓
	Placement	✓
	Organizing FDP/seminar at TCE	-
	Collaborative research/consultancy projects	-
	Faculty as Trainee/Trainer in the	✓

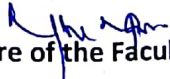


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Attendance sheet for the one/~~two~~ credit

Name of the Course: Practical Approaches to Networking
 Name of the Industry: ~~Industry~~ Microsoft
 Name of the Expert: Video-demo lectures. Mr. Sasikumar, Microsoft, Bangalore
 Number of Students enrolled: 44
 Name of the Faculty: Dr. Mrs. Manikandan & Dr. Mrs. Murugesan
 Date/Time/Venue: 22/10/2016 & 23/10/2016.

S.No	Reg.No	Name	Department	Signature
	List of	Enclosed.		


Signature of the Faculty Coordinator



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Course Schedule

Name of the Course: *practical Approaches to networking*
 Name of the Industry: *Microsoft*
 Name of the Expert: *Mr Sasikumaran Vidya lecture*
 Number of Students enrolled: *44*
 Name of the Faculty: *Ms M. Manikandan*
 Date/Time/Venue:

Date	Time	Topics	Remarks
Day1		<i>Theory</i>	
Day2		<i>practical</i>	

[Signature]
 Signature of the Faculty coordinator


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Course Instructor Feedback for One/Two credit course

TCE-III

Name of the Course: *Practical Approaches to networking*
 Name of the Industry: *Microsoft*
 Name of the Expert: *Mr Sasikumar video lecture.*
 Date/Time/Venue:

	Comments
Student attendance	<i>Good</i>
Level of the students in understanding the concepts	<i>Good</i>
Any suggestions regarding new content to be included as Prerequisites/Special electives	<i>-</i>
Hall/Lab arrangements	<i>Good</i>
Hospitality	<i>-</i>


 Signature of the Course Instructor


 Signature of Head of the Department