

Faculty Course Review Report

(To be filled by each Teacher at the time of Course Completion)



For completion by the course instructor and transmission to Head of Department of his/her nominee (Dept. Quality Officer) together with copies of the Course Syllabus outline

Department:		Faculty:						
Course Code:		Title:						
Session:		Semester:	Autumn	<input type="checkbox"/>	Spring	<input type="checkbox"/>	Summer	<input type="checkbox"/>
Credit Value:		Level:			Prerequisites:			
Name of Course Instructor:		No. of Students Contact Hours	Lectures		Other (Please State)			
			Seminars					
Assessment Methods: give precise details (no & length of assignments, exams, weightings etc)								

Distribution of Grade/Marks and other Outcomes: (adopt the grading system as required)

Course Code			Course Name							
Undergraduate	Originally Registered	4.00 A Grade	3-3.99 B Grade	2-2.99 C Grade	1-1.99 D Grade	< 1.00 Fail	Withdrawal	Freeze	Total	
No. of Students										
Post-Graduate	Originally Registered	4.00 A Grade	3-3.99 B Grade	2-2.99 C Grade	1-1.99 D Grade	< 1.00 Fail	Withdrawal	Freeze	Total	
No. of Students										

Overview/Evaluation (Course Co-coordinator's Comments)

Feedback: first summarize, then comment on feedback received from:
(These boxes will expand as you type in your answer.)

1) Student (Course Evaluation) Questionnaires

2) External Examiners or Moderators (if any)

3) Student /staff Consultative Committee (SSCC) or equivalent, (if any)

4) Curriculum: comment on the continuing appropriateness of the Course curriculum in relation to the intended learning outcomes (course objectives) and its compliance with the HEC Approved / Revised National Curriculum Guidelines

5) Assessment: comment on the continuing effectiveness of method(s) of assessment in relation to the intended learning outcomes (Course objectives)

6) Enhancement: comment on the implementation of changes proposed in earlier Faculty Course Review Reports

7) Outline any changes in the future delivery or structure of the Course that this semester/term's experience may prompt

Name: _____ Date: _____
(Course Instructor)

Name: _____ Date: _____
(Head of Department)