## **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

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Department:			Faculty:		
Course Code:		Title:			
Session:		Semester:	Autumn	Spring	Summer
Credit Value:		Level:		Prerequisites:	
Name of Course		No. of Students	Lectures	Other (Please State)	
Instructor:		Contact Hours	Seminars		
Assessment Meth give precise details ( assignments, exams,	no & length of				

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

Undergraduate	Originally	%Grade	%Grade	%Grade	D	Е	F	No	Withdrawal	Total
_	Registered	A	В	С				Grade		
No. of Students										
Post-Graduate	Originally	%Grade	%Grade	%Grade	D	Е	No	Grade	Withdrawal	Total
	Registered	A	В	С						
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)					
3) Student /starr consultative committee (SSCC) of 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					
with the Tibe Tipproved / Revised Ivational Cultivation 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)					