## **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 (I	Dept. Quality			copies of	the Cou	rse Syll	abus	outline		
Department:					Facult					
Course Code:				le:						
Session:			Sei	mester:	Autumn 🗆		Spi	Spring		er 🗌
Credit Value:			Le	vel:			Prerequisites:		tes:	
Name of Course			No	. of	Lectur	Lectures		Other (Please State)		
Instructor:			Co	idents ntact urs	Seminars					
Assessment M give precise detail exams, weighting	ls (no & lengtl	n of assignme			<u> </u>		I			
Distributi required)	ion of Grad	e/Marks a	nd other	Outcom	es: (ado	opt the	grad	ling sys	tem as	
Undergraduate	Originally %Grade %Grade Registered A B		%Gra C	de D	Е	F	No Grade	Withdrawal	Total	
No. of Students										
Post-Graduate	Originally Registered	%Grade A	%Grade B			Е	No Grade		Withdrawal	Total
No. of Students										
Feedback: (These bo	/Evaluation first summaxes will exp	arize, then and as you valuation) (	comment type in y Questionn	on feedb our answ aires	ack rece		rom:			

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
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Name: Date:
Name: Date: Date: