



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:	Fall <input type="checkbox"/>	Spring <input type="checkbox"/>	Summer <input type="checkbox"/>
Credit Values:		Level:		Prerequisites:	
Name of Course Instructor:		No. of Students:	Lectures:	Other (Please State)	
		Contact Hours:	Seminars		
Assessment Methods: {Give precise details (no & length of Assignments, exams etc)}					

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

Undergraduate	Originally Registered	% Grade A	% Grade B	C	D	E	F	No Grade	With drawal	Total
No of Students										
Postgraduate	Originally Registered	% Grade A	% Grade B	C	D	E	No Grade		With drawal	Total



Overview / Evaluation (Course Coordinator's Comments)

Feedback: First summarize, and then comment on feedback received from:

1. Student (Course Evaluation) Questionnaires

2. External Examiner 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.



5. Assessment: Comment on the continuing effectiveness of methods 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: _____
(Course Instructor)

Date: _____

Name: _____
(Head of Department)

Date: _____