

# 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<br>Contact Hours | Lectures  | Other (Please State) |
|   |  |                                  | Seminars  |                      |
| Assessment Methods:<br>give precise details (no & length of assignments, exams, weightings etc) |  |                                  |   |                      |

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

| Undergraduate   | Originally Registered | %Grade A | %Grade B | %Grade C | D | E | F        | No Grade | Withdrawal | Total |
|-----------------|-----------------------|----------|----------|----------|---|---|----------|----------|------------|-------|
| No. of Students |                       |          |          |          |   |   |          |          |            |       |
| Post-Graduate   | Originally Registered | %Grade A | %Grade B | %Grade C | D | E | No Grade |          | Withdrawal | 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)*