

# Faculty Course Review Report

(To be filled by each Teacher)



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:<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:

|   |
|---|
| 1) Student (Course Evaluation) Questionnaires |
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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)