**Proforma-02**

**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 : | 1st | 2nd | | 3rd | 4th |
| Credit value |  | Level : |  | prerequisites | |  | |
| Name of course instructor | | No. of students contact hours | Lectures /practical | Other (please state) | | | |
|  |  |
|  | Seminars |  | | | |
| **Assessment methods:**  Dive precise details (no & length of assignments, exams, weightings etc) | |  | | | | | |
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Distribution of grade/marks and other outcomes: (adopt the grading system as required)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Post Graduates | Originally  registered | %Grade A | %Grade B | %Grade C | D | E | No Grade | With drawls | Total |
| No. of students |  |  |  |  |  |  |  |  |  |

**Overview/Evaluation (Course Co-coordinator’s Comments)**

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

(These boxes will expand as you type in your answer.)

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| 1.Student(Course Evaluation)Questionnaires |
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| 2.External Examiners or Moderators(if any) |

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| **3.**Student/staff Consultative Committee(SSCC) or equivalent,(if any) |
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| 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 |
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| 5.Assessment: comment on the continuing effectiveness of method(s) of assessment in relation to the intended learning outcomes(Course Objectives) |
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| 6.Enhancement : comment on the implementation of changes proposed in earlier Faculty Course review Reports |
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| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Course Instructor)  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Course Instructor) |