

Department/Institute of -----

No. _____

Dated _____

IMPLEMENTATION PLAN

(Based on Students' Course Evaluation/ Faculty Course Review Report)

(Submit this Implementation Plan to at the end of each semester)

	Grey Areas Identified	Proposed Corrective Action	Implementation Date	Responsible Body	Remarks (if any)
1.					
2.					
3.					
4.					

HoD's Comments & Signature:

Dean's Comments & Signature: