**FaCULTY COURSE REVIEW REPORT**

To be filled by each course incharge at the time of the course completion

After completing this form submit it to the Quality Representative of the Department with copies of the course syllabus outline for future use.

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| --- | --- | --- | --- | --- | --- |
| **Department** |  | | **Faculty** |  | |
| **Course No.** |  | **Title:** | | | |
| **Session** |  | **Semester (√)** | ***Autumn*** | ***Spring*** | ***Summer*** |
| **Credit Hours** |  | **Degree** |  | **Prerequisites** |  |
| Teacher’s Name: | | No. of Students Contact Hours | Lectures |  | |
| Practical/Clinics |  | |
| Assessment Methods: Give precise details (No & length of assignments, exams, weightings etc.) | | | | | |

**Distribution of Grades/Marks and other outcomes :( Adopt the grading system as required)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Undergraduate/Postgraduate Students** | **Enrolled** | **Grade (%)** | | | | | | **With-drawl** | **Total** |
| **A** | **B** | **C** | **D** | **F** | **I** |
|  |  |  |  |  |  |  |  |  |

**Overview/Evaluation**

**Feedback: First Summarize, then comment on feedback received from:**

|  |
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| 1. Students’ feedback as per Course Evaluation Form. |
| 2) Curriculum: Comment on relevance of the course curriculum as per course objectives, and its compliance with the HEC approved/revised national curriculum guidelines. |
| 1. Assessment: Comments on the effectiveness of the method(s) of assessment in relation to the course objectives. |
| 4) Enhancement: Comments on the implementation of changes as mentioned in earlier/last Faculty Course Review Reports (if any). |
| 5) Outline any changes in the future delivery or structure of the course that this semester/term’s experience may prompt. |

Instructor’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chairman’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_