# Proforma 2

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 | Spring | Summer |
| Credit Value: |  | Level: |  | Prerequisites: |  |
| Name of Course |  | No. of | Lectures | Other (Please State) | |
| Instructor: | Students |  |  | |
|  | Contact  Hours |  |  | |
| Seminars |  | |
| Assessment Methods:  give precise details (no & length of assignments, exams, weightings etc) | |  | | | |

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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Under- graduate | 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 Coordinator’s Comments)** Feedback: first summarize, and 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)* |