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

nominee (I	Dept. Quality	Officer) tog	gether witl	n copies of	the Cou	rse Syl	abus	outline			
Department:					Facult	y:					
Course Code:			Ti	tle:							
Session:			Se	mester:	Autum	nn 🗌	Spi	ring		Summe	r 🗌
Credit Value:			Le	vel:			Pre	Prerequisites:			
Name of Course Instructor:				o. of adents	Lectures		Oth	Other (Please State)			
			Co	ontact	Seminars						
Assessment M give precise detail exams, weighting	ils (no & lengt	h of assignme	ents,		1						
Distribut required)	ion of Grad	le/Marks a	nd other	Outcom	es: (ado	pt the	grad	ling sys	tem as	S	
Indergraduate	Originally Registered	%Grade A	%Grade B	e %Gra C	de D	Е	F	No Grade	With	drawal	Tota
To. of Students											
ost-Graduate	Originally Registered	%Grade A	%Grade	e %Gra	de D	Е	No	No Grade		Withdrawal	
lo. of Students											
		n (Course (Co-coord	linator's	Comme	ents)	om:		1		

2) External Examiners or Moderators (if any)
3) Student /staff Consultative Committee (SSCC) or equivalent, (if any)
3) Student/starr Consultative Committee (SSCC) of 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: Date: