

## 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 (I	Dept. Quality	Officer) tog	ether v	vith c	opies of				abus	outline			
Department:						Fa	culty:	:					
Course Code:				Title:									
Session:			1	Seme	ester:	A	utumn	ı 🗌	Spr	ring		Summe	r 🗌
Credit Value:				Leve	l:				Prerequisite		es:		
Name of Course Instructor:				No. of Students		Lectures		Other (Please State)					
				Cont Hou	act	Seminars							
Assessment M give precise detail exams, weighting	ls (no & lengtl	n of assignme	ents,						•				
Distribut required)	ion of Grad	e/Marks a	nd oth	ner C	Outcom	es:	(adop	t the	grad	ing sys	tem a	as	
Undergraduate	uate Originally %Grade %Registered A		%Gr B		%Grac C	de	D	Е	F	No Grade	Wit	hdrawal	Tota
To. of Students													
ost-Graduate	Originally Registered	%Grade A	%Gr B		%Grad	de	D	Е	No Grade		Wit	hdrawal	Tota
lo. of Students													
Feedback: (These bo	/Evaluation first summaxes will exp	arize, then and as you	type in	ent o n you	n feedb ar answ	ack	receiv	,	om:				
1) Student	t (Course Ev	aiuation) (	Zuestic	onnai	res								

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:
Name: Date: Date: