

## Faculty Course Review Report (Form D)



(To be filled by Faculty at the end of Course/Semester)

For completion by the course instructor and transmission to Head of Department or his/her nominee (Dept. Quality Coordinator) together with copies of the Course/ Module Syllabus outline

Department:		Faculty:		
Course Code:		Title:		
Session:		Semester:	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Credit Value:		Level:		Prerequisites:
Name of Course Instructor:		No. of Students Contact Hours	Lectures	Other (Please State)
			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)

Undergraduate	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 Co-coordinator's Comments)

Feedback: first summarize then comment on feedback received from:

1) Student (Course/ Module Evaluation) Questionnaires

2) External Examiners or Moderators for semester exams (if any)

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3) Student /staff Consultative Committee (SSCC) or equivalent, (if any)

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4) Curriculum: comment on the continuing appropriateness of the Course/ Module curriculum in relation to the intended learning outcomes (course objectives) and its compliance with the HEC Approved / Revised National Curriculum Guidelines

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5) Assessment: comment on the continuing effectiveness of method(s) of assessment in relation to the intended learning outcomes (Course objectives)

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6) Enhancement: comment on the implementation of changes proposed in earlier Faculty Course Review Reports

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7) Outline any changes in the future delivery or structure of the Course that this semester/term's experience may prompt

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Name: \_\_\_\_\_  
(Course Instructor)

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Head of Department)

Date: \_\_\_\_\_