



## Faculty Course Review Report

(To be filled by each teacher at time of course completion)

1. Name of Teacher: \_\_\_\_\_

2. Department: \_\_\_\_\_

3. Faculty: \_\_\_\_\_

4. Degree Program: \_\_\_\_\_

5. Course Code: \_\_\_\_\_

6. Title: \_\_\_\_\_

7. Session: \_\_\_\_\_

8. Assessment Methods: \_\_\_\_\_

9. Semester:

a). Autumn      b). Spring      c). Summer

10. Credit hours of the course:

a). 1      b). 2      c). 3      d). Any other Specify: \_\_\_\_\_

11. Level:

a). BS/MA/MSc      b). MS/M.Phil      c). PhD      d). Any other Specify: \_\_\_\_\_

12. Prerequisites:

a). Lectures      b). Seminars      c). Video/Audio links      d). Other (Specify): \_\_\_\_\_

13. No of Student's Contact Hours:

a). 1      b). 2      c). 3      d). Any other Specify: \_\_\_\_\_

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

	<b>Undergraduate (No of Students)</b>	<b>Postgraduate (No of Students)</b>
Originally Registered		
% Grade A		
% Grade B		
% Grade C		
% Grade D		
% Grade E		
% Grade F		
No Grade		
Withdrawal		
Total		

**Overview/ Evaluation (Course Co-coordinators' Feedback)**

1. Course evaluation's score by the students

- a).  $\leq 2.5$                       b). 2.5 – 3.0                      c). 3.0 – 3.5                      d). 3.5– 4.0

2. External Examiner or Moderator's view about this Course

- a). Yes                      b). No

c). If Yes then State:

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3. Student / Staff Consultative Committee (SSCC) is one of the key formal routes for students and staff to communicate and to raise issues relating to teaching, learning and assessment. Are you satisfied with the role of this Committee?

- a). Yes                      b). No

c). If Yes then Comment:

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**4. The curriculum meets the desired expectations**

- a). Exceeding the desired expectation
- b). Meeting the desired expectations
- c). Not meeting the desired expectations
- d). Yet to meet the desired expectations

**5. Sufficient instructional/Assessment methods are used to meet the course objectives (e.g. group discussions, student presentations, etc.).**

- a). Strongly Agree
- b). Agree
- c). Disagree
- d). Strongly Disagree

**6. Implementation of earlier Faculty course review reports**

- a). Fully Implemented
- b). Partially Implemented
- c). Not Implemented

If implemented then comment on the implementations:

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**7. Do you recommend any changes in the structure of the course:**

- a). Yes
- b). No
- c). If Yes then state:

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

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