



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:		Prerequisite:	
Name of Course Teacher		No. of Students:	Lecturers	Other (Please State)	
			Seminars		
Assessment Methods please give precise details (no & length of assignments, tests and presentations)					

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, and then comment on feedback received form:

1) Student (Course Evaluation) Questionnaires (filled by QEC)
2) External Examiners or Moderators (if any) (comments of External examiner if any)
3) 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 (comments by the course teacher)
4) Assessment: comment on the continuing effectiveness of method(s) of assessment in relation to the intended learning outcomes (Course objectives) (comments by the course teacher)
5) Enhancement: comment on the implementation of changes proposed in earlier faculty Course Review Reports (comments by the course teacher)
6) Outline: any changes in the future delivery or structure of the Course that this semester/term's experience may prompt (by the course teacher)

Name/ Signature _____
(Course Instructor)

Date _____

Name/ Signature _____
(Head of Department)

Date _____