**Performa 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.

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| Department: |  | Faculty: |  |
| Course Code: |  | Title: |  |
| Session: |  | Semester: |  |
| Credit Value: |  | Prerequisites: |  |
| Name of Course Instructor: |  | Students Contact Hours |  No. of Lectures |  |
| Assessment Methods:give precise details (no & length of assignments, exams, weightings etc) |  |
| Undergraduate | Originally Registered | %GradeA | %Grade B | %Grade C | D | F | F | With drawal | Total |
| No. of Students |  |  |  |  |  |  |  |  |  |
| Post-Graduate | Originally Registered | %GradeA | %Grade B | %Grade C | D | F | F | With drawal | Total |
| No. of Students |  |  |  |  |  |  |  |  |  |
| **Overview/Evaluation (Course Co-coordinator’s /Instructor Comments)** |
| 1) Student (Course Evaluation) Questionnaires |
| 2) 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 |
| 3) Assessment: comment on the continuing effectiveness of method(s) of assessment in relation to the intended learning outcomes (Course objectives) |
| 4) Enhancement: comment on the implementation of changes proposed in earlier  |
| 5) Outline any changes in the future delivery or structure of the Course that this semester/term’s experience may prompt |
| Name:  | Course Instructor | Date: |  |
| Name: | Department Head | Date: |  |