**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 | | %Grade  A | %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: | |  | | |