



Faculty Course Review Report

(To be filled by each teacher at the time of Course Completion)

Department:		Faculty:		
Course Code:		Title:		
Session:		Semester:	<input type="checkbox"/> <input type="checkbox"/> <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)

Post-Graduate	Originally Registered	%Grade A	%Grade B	%Grade C	D	E	No Grade	Withdrawal	Total
No. of Students									

Overview/Evaluation

Feedback: first summarize, then comment on feedback received from:

1) Student (Course Evaluation) Questionnaires



2) External Examiners or Moderators (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

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

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

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

Name: _____ Date: _____
(Course Instructor)

Name: _____ Date: _____
(Head of Department)