



## ANNUAL COURSE REPORT PROFORMA

### A. Basic Information

I. Course Title : \_\_\_\_\_

II. Course code: \_\_\_\_\_

III. Programme Title \_\_\_\_\_

IV. Year: \_\_\_\_\_

V. Number of Hours:

Lectures  Tutorials / Practical  Total

VI. Names of lectures contributing to the delivery of the course:

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

**Course Coordinator:** \_\_\_\_\_

**External Evaluator:** \_\_\_\_\_

### B. Statistical Information

No. of students attending the course: No.  %

No. of students completing the course: No.  %

#### Results:

Passed: No.  %  Failed: No.  %

**Grading of successful students:**

Excellent: No.  %  Very Good: No  %

Good: No.  %

**C. Professional Information****1. Course teaching:**

Topics actually taught	No. of hours	Lecturer

Topics taught as a percentage of the content specified:

<70%  70-90%  >90%

Reasons in detail for not teaching any topic:

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If any topics were taught which are not specified, give reasons in detail:

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**2. Teaching and learning methods:**

Lectures:	<input type="text"/>
Practical training / laboratory:	<input type="text"/>
Discussion Sessions:	<input type="text"/>
Seminar / Workshop:	<input type="text"/>
Class activity:	<input type="text"/>

**Case study:**

Other assignment / homework:

If teaching and learning methods were used other than those specified, list, and give reasons:

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**3. Student Assessment**

Method of assessment	Percentage of Total
Written examination	<input type="text"/>
Oral examination	<input type="text"/>
Practical examination	<input type="text"/>
Other assignments / class work	<input type="text"/>
Total	100%

**Members of examination committee:**

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**Role of external evaluator:**

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**4. Facilities and teaching materials:**

Totally Adequate

Adequate to some Extent

Inadequate

List any inadequacies

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**5. Administrative Constraints**

**List any difficulties encountered:**

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**6. Student Evaluation of the course:**

**List any criticisms:**

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**7. Comments from External Evaluator(s)**

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**8. Course Enhancement:**

**Progress on actions identified in the previous year's action plan:**

a. Action plan completed:  YES  NO

**If "YES"**

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**If "NO", give reasons**

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## 9. Action Plan for the academic year (specify the year)

Actions Required	Completion Date	Person Responsible

Course Coordinator: Signature \_\_\_\_\_

Date:     /     /

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