



Faculty Course Review Report

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

2. General Information

- a. Department Name: _____
- b. Name of Course Coordinator:: _____
- c. Course Title: _____
- d. Course Code (if any): _____
- e. Session: _____
- f. Total number of Students in the course: _____
- g. Total number of Class Lectures: _____
- h. Total number of Class Assignments: _____
- i. Others (please specify): _____

3. Distribution of Grade/Marks and other Outcomes:

Postgraduate	Originally Registered	% Grade A	% Grade B	% Grade C	D	E	No Grade	Total
No. of Students								

4. Overview / Evaluation (Course Coordinator's Comments):

Feedback: First summarize, and 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).

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 term's experience may prompt.

Name: _____ Date: _____
(Course Coordinator)

Name: _____ Date: _____
(Head of Department)