|  |  |  |
| --- | --- | --- |
| **1** | Faculty |  |
| **2** | Department |  |
| **3** | Program title |  |
| **4** | Program code |  |
| **5** | Course title |  |
| **6** | Course number |  |
| **7** | Credit hours (theory, practical) |  |
| Contact hours (theory, practical) |  |
| **8** | Level of course |  |
| **9** | Year of study and semester (s) |  |
| **10** | Date of report (academic year, semester) |  |
| **11** | Course Coordinator/other instructors |  |

12: Content delivery

|  |
| --- |
|  ⊡ All topics were covered as planned |
|  ⊡ Not all topics were covered | Reasons for variation:Consequences:*Suggested compensation:*  |
|  ⊡ Modifications to the content were made | Reasons for variation: |

13. Teaching and Learning strategies

|  |
| --- |
|  ⊡ Were effective for the specified ILOs of the course  |
|  ⊡ Not all effective | Reasons for ineffectiveness:*Suggested modifications to improve:*  |

14. Assessment strategies

|  |
| --- |
|  ⊡ Were effective for the specified ILOs of the course.  |
|  ⊡ Not all effective | Reasons for ineffectiveness:*Suggested modifications to improve:*  |

15. Course Results

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Number of student registered in the course:
2. Number of student attended the Final examination:
3. Grades:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Grade** | A | A- | B+ | B | B- | C+ | C | C- | D+ | D | D- | F | **Total** |
| **No. of students** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Percentage** |  |  |  |  |  |  |  |  |  |  |  |  | 100% |
| Passed: | Failed: |

1. Student Performance values according to **ABET** student outcomes.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ABET outcome | 1 | 2 | 3 | 4 | 5 | 6 |
| Tripwire |  |  |  |  |  |  |
| Student Performance |  |  |  |  |  |  |

1. How are the results of the course as compared to previous/expected results?
2. Feedback of marks accreditation commission/department:
 |

16. Facilities, resources, and administrative issues:

|  |  |
| --- | --- |
| **Difficulties (if any)** | **Consequences on student learning** |
| In facilities and resources |  |
| In organization/administration |  |

 17. Course Evaluation:

|  |  |  |
| --- | --- | --- |
| Evaluator | **Most important criticisms & strengths**  | **Response of instructor/s to this evaluation**  |
| Student evaluation (Attach survey results) |  |  |
| Head of department |  |  |
| Peers/colleagues |  |  |
| External examiners/visiting reviewers.  |  |  |

18. Plans/Actions for Improving the Course:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
| *Measures proposed in previous report*  |  (Suggested measures to improve the quality of the course, implemented or not, and its impact on course if undertaken or not)  |
| *Measures taken this semester/year* | (Measures taken and results achieved)  |
| *Action plan for next semester/year*  | (Measures will be taken, responsibility for implementing measures, deadline for completion)  |

Recommendations to Head of Department: |

19. Focus Group Report (Optional)

|  |
| --- |
| **Pre-requisite(s) (Course Name and Number):**  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Q.** | **Question** | **Appropriate** | **Needs Minor Change** | **Needs Major Change** | **Comments** |
| 1 | Course Objectives |  |  |  |  |
| 2 | Duplication with other courses |  |  |  |  |
| 3 | Course content to teaching hours |  |  |  |  |
| 4 | course material relation to program objectives (PO) |  |  |  |  |

**Additional Comments:**

|  |
| --- |
|  |

**Focus Group Members Name(s) and Signature(s):**

|  |  |
| --- | --- |
|  (1) | (2) |
| (3) | (4) |
| (5) | (6) |

20. Date and Signature

Date: -------------------------

Name of Course Coordinator: -------------------Signature: -------------------------

Program Director: ------------------------- Signature: ---------------------------------

Head of curriculum committee/Department: ------------------- Signature: -------------------

Head of Department: ------------------------- Signature: ---------------------------------------------

Head of curriculum committee/Faculty: ------------------------- Signature: --------------------

Dean: ------------------------------------------- -Signature: -------------------------------------------

Copy to:

Head of Department

Assistant Dean for Quality Assurance

Course File

 Course Coordinator