|  |  |  |
| --- | --- | --- |
| **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