



FACULTY COURSE REVIEW REPORT

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

Part-I

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|---|-----------|-----------------|----------------------------------|---------------------------------|-----------|
| Department: | | Faculty: | | | |
| Course Code: | | Title: | | | |
| Batch: | | Term: | | Year: | |
| Credit / Contract hr/Week: | Th | Pr | No. of Lectures Conducted | Th | Pr |
| | | | | | |
| Name of Course Teacher | | | | No. of Students enrolled | |
| Designation | | | | | |
| Assessment Methods please give precise details (no & length of assignments, tests and presentations) | | | | | |

Comments: _____

Overview/ Evaluation (Course Co-coordinator's Comments)

Feedback: first summarize, and then comment on feedback received form:

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| <p>1) Student (Course Evaluation) Questionnaires (filled by QEC)</p> |
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| <p>2) External Examiners or Moderators (if any) (comments of External examiner if any)</p> |
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5) **Enhancement:** comment on the implementation of changes proposed in earlier Faculty Course Review Reports **(comments by the course teacher)**

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 **(comments by the course teacher)**

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

6) **Outline:** any changes in the future delivery or structure of the Course that this semester/term's experience may prompt **(by the course teacher)**

Name/ Signature _____
(Course Instructor)

Date _____

Name/ Signature _____
(Head of Department)

Date _____

Part-II

Faculty Course review report

Grades secured and other outcomes (to be provided by controller of Examination)

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|------------------|-----------------------------|--|-------|--|
| Name of Teacher: | Course Taught | | Term: | |
| Session / Batch: | Date of completion of term. | | | |