

## Performa 2

# Faculty Course Review Report

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



For completion by the course instructor and transmission to Head of Department

Department		Faculty:			
Course Code:		Title:			
Session:		Semester:	Autumn <input type="checkbox"/>	Spring <input type="checkbox"/>	Summer <input type="checkbox"/>
Credit Value:		Level:		Prerequisites:	
Name of course Instructor:		No. of Students contact Hours	Lectures	Other (Please State)	
Assessment Method: give precise details (no & length of assignments, exams, weightings etc)					

### Distribution of Grade/Marks and other Outcome: (adopt the grading system as required)

Undergraduate	Originally Registered	% Grade A,A+,A-	%Grade B,B+,B-	%Grade C,C+,C-	D	E	F	No Grade	Withdrawal	Total
No. of Students										
Post-Graduate	Originally Registered	% Grade A,A+,A-	%Grade B,B+,B-	%Grade C,C+,C-	D	E	No Grade	Withdrawal	Total	
No. of Students										

1) 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 / International Curriculum Guidelines

2) Assessment: comment on the continuing **effectiveness of method(s) of assessment** in relation to the intended learning outcomes (Course objectives)

3) Enhancement: comment on the implementation of changes proposed in earlier Faculty Course Review Reports

4) **Outline any changes in the future delivery or structure of the Course** that this semester/term's experience may prompt

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Course Instructor)

\_\_\_\_\_ Date: \_\_\_\_\_  
(Head of Department)