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:

<table>
<thead>
<tr>
<th>Postgraduate</th>
<th>Originally Registered</th>
<th>% Grade A</th>
<th>% Grade B</th>
<th>% Grade C</th>
<th>D</th>
<th>E</th>
<th>No Grade</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of Students</td>
<td></td>
<td></td>
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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).

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

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5) **Enhancement:** Comment on the implementation of changes proposed in earlier Faculty Course Review Reports.

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6) Outline any changes in the future delivery or structure of the Course that this term’s experience may prompt.

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____________________________________________________________________

Name: ________________________________  Date: ____________________________  
(Course Coordinator)

Name: ________________________________  Date: ____________________________  
(Head of Department)