## **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 of his/her nominee (Dept. Quality Officer) together with copies of the Course Syllabus outline

Department:		Faculty:		
Course Code:	Title:			
Session:	Semester:	Autumn 🗆	Spring	Summer
Credit Value:	Level:		Prerequisites:	
Name of Course Instructor:	No. of Students	Lectures	Other (Please State)	
	Contact Hours	Seminars		
Assessment Methods: give precise details (no & length of assignments, exams, weightings etc)				

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

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

Overview/Evaluation (Course Co-coordinator's Comments)
Feedback: first summarize, then comment on feedback received from: (These boxes will expand as you type in your answer.)

1) Student (Co	urse Evaluation) Questionnaires	
2) External Ex	aminers or Moderators (if any)	
3) Student /sta	ff Consultative Committee (SSCC) or	equivalent, (if any)
relation to the	comment on the continuing appropri intended learning outcomes (course o d / Revised National Curriculum Guid	bjectives) and its compliance with the
	: comment on the continuing effective intended learning outcomes (Course of	
1	nt: comment on the implementation o e Review Reports	f changes proposed in earlier
,	changes in the future delivery or strugs experience may prompt	cture of the Course that this
Name:	(Course Instructor)	Date:
Name:	(Head of Department)	Date: