|  |  |
| --- | --- |
| **Course Title:**  |  |
| **Code:** |  |
| **Program:** |  |
| **Department:**  |  |
| **Institution:** |  |
| **Academic year:** |  |
| **Semester:** |  |

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# A. Course Identification

|  |  |
| --- | --- |
| **1. Name of course instructor(s) :** |  |
| **2. Location:** |  |
| **3. Number of students :**a. Starting the course: b. Completing the course: |
| **4. Course components** (actual total contact and credits hours per semester):  |
|  | **Lecture** | **Tutorial** | **Laboratory/****Studio** | **Practical** | **Others**(including self-study ) | **Total** |
| **Credit** |  |  |  |  |  |  |
| **Contact Hours /** *per week* | *Planed* |  |  |  |  |  |  |
| *Actual* |  |  |  |  |  |  |

# B. Student Results

**1. Distribution of Grades**

|  |  |  |
| --- | --- | --- |
|  | **Grades** | **status distributions** |
| **A+** | **A** | **B+** | **B** | **C+** | **C** | **D+** | **D** | **F** | **Denied Entry** | **In Progress** | **Incomplete** | **Pass** | **Fail** | **Withdrawn** |
| **Number of****Students** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Percentage** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |
| **2. Comment on student results***(including special factors (if any) affecting the results)* |
| ............................................................................................................................................................ ............................................................................................................................................................ |
| **3.Recommendations :** |
| ............................................................................................................................................................ ............................................................................................................................................................ |

# B. Course learning outcomes

# 1. Course learning outcomes assessment results.

| **Course learning outcomes****(CLOs)** | **CLOs Assessment**  | **Comment on assessment results** |
| --- | --- | --- |
| **Methods of assessment** |  | **Assessment result** (percentage) |
| **Knowledge** : |
| **1.1** |  |  |  |  |  |
| **1.2** |  |  |  |  |  |
| **1.3** |  |  |  |  |  |
| **1...** |  |  |  |  |  |
| **Skills :** |
| **2.1** |  |  |  |  |  |
| **2.2** |  |  |  |  |  |
| **2.3** |  |  |  |  |  |
| **2...** |  |  |  |  |  |
| **Competence :** |
| **3.1** |  |  |  |  |  |
| **3.2** |  |  |  |  |  |
| **3.3** |  |  |  |  |  |
| **3...** |  |  |  |  |  |

|  |
| --- |
| **2.Recommendations :** |
| ............................................................................................................................................................ ............................................................................................................................................................ |

# B- Course Content

# 1. Coverage of planned topics

| **Topics Covered** | **Contact Hours** | **Reason for Variations** |
| --- | --- | --- |
| *Planed* | *Actual* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**2. Topics not covered:**

|  |  |  |
| --- | --- | --- |
| **Topics not Fully Covered** | **Related learning outcomes** | **Possible Compensating Action** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **3.Recommendations :** |
| ............................................................................................................................................................ ............................................................................................................................................................ |

# Teaching and Assessment

# 1. Effectiveness of teaching strategies

|  |  |  |  |
| --- | --- | --- | --- |
| **Teaching Strategies**  | **Were They****Effective?** | **Difficulties Experienced***(if any)* **in Using the Strategy** | **Suggested Action** |
| **Yes** | **No** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**2. Variations from planned student assessment processes** *(if any)*

|  |  |
| --- | --- |
| **Variation** | **Reason** |
|  |  |
|  |  |
|  |  |

**3. Verification of student grade achievement:**

|  |  |
| --- | --- |
| **Method(s) of Verification** | **Conclusion** |
|  |  |
|  |  |

|  |
| --- |
| **4.Recommendations :** |
| ............................................................................................................................................................ ............................................................................................................................................................ |

# F. Course Evaluation

## 1. Students Evaluation for quality of the course.

|  |  |
| --- | --- |
| **Date of Survey:** | **Number of Participants:** |
| **students comments** | **Response**  |
| **Strengths:*** ........................................................................
* ........................................................................
* ........................................................................
 | ........................................................................................................................................................................................................................................................................................ |
| **Suggestions for improvement*** ........................................................................
* ........................................................................
* ........................................................................
 | ........................................................................................................................................................................................................................................................................................ |

*\* Attach survey report*

## 2. Other Evaluations

## *(e.g. Evaluations by faculty ,Program leaders, peer review, Independent reviewers, program consultations committee)*

|  |  |  |
| --- | --- | --- |
| **Evaluation method :** | **Date:** | **Number of Participants :** |
| **Evaluators comments** | **Response**  |
| **Strengths:*** ........................................................................
* ........................................................................

........................................................................ | ........................................................................................................................................................................................................................................................................................ |
| **Suggestions for improvement*** ........................................................................
* ........................................................................

........................................................................ | ........................................................................................................................................................................................................................................................................................ |

\* Add separate table for each evaluation

|  |
| --- |
| **3.Recommendations :** |
| ............................................................................................................................................................ ............................................................................................................................................................ |

# E. Challenges and difficulties

|  |  |  |
| --- | --- | --- |
| **Difficulties** *(if any)* | **Consequences**  | **proposed action to overcome** |
| **Administrative Issues** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Learning resources** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Facilities** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

# G. Course Improvement Plan

**1. Course improvement actions**

|  |  |  |  |
| --- | --- | --- | --- |
| **Recommended actions** | **Actions Taken** | **Results** | **Comments** |
| **a. Previous course report recommendations** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **b. Other improvement actions**  |
|  |  |  |  |
|  |  |  |  |

**2. Action Plan for Next Semester/Year:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Recommendations** | **Action**  | **Person Responsible** | **Time** | **Support needed** |
| Start | End  |
| a. |  |  |  |  |  |
| b. |  |  |  |  |  |
| c. |  |  |  |  |  |

# Authorized Signatures

|  |  |  |  |
| --- | --- | --- | --- |
| Title | Name | Signature | Date |
| Course Instructor |  |  |  |
| Program Coordinator |  |  |  |