LAHORE COLLEGE FOR WOMEN UNIVERSITY QUALITY ENHANCEMENT CELL

Date:			

Faculty Course Review Report (To be filled by each teacher at 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:				
Degree			Teacher				
Program:			Name:				
Course Code:		Title:					
Session:		Semester:	Autumn	Spring		Summer	
Credit value:		Level:		Prerequis	sites:		
No. of Students			Lectures	Other (Please State)			
Contact Hours							
			Seminars				
Assessment Met	hods:		l				
Give precise deta							
length of assignm							
weighting etc)	,						

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

Under	Originally		Grade %								No	Withdrawal	Total	
Graduate	Registered	A+	A	B+	В	B-	C+	С	C-	D	F	Grade		
No. of														
Students														
Post-	Originally	Grade %								No Withdrawal	Total			
Graduate	Registered	A+	A	B+	В	B-	C+	С	C-	D	F	Grade		
No. of														
Students														

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

1) Student (Course Evaluation) Questionnaires
2) External Examiners or Moderators (if any)
,
3) Student / Staff Consultative Committee (SSCC) or equivalent, (if any)
by student, sturr consumative commutee (see co) or equivalent, (if any)
1) Curriculum: comment on the continuing enprengiatories of the Course curriculum
4) 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
5) Assessment: comment on the continuing effectiveness of methods(s) of assessment
in relation to the intended learning outcomes (course objectives)
6) Enhancement: comment on the implementation of changes proposed in earlier
Faculty Course Review Reports
7) Outline any changes in the future delivery or structure of the Course that this
semester/term's experience may prompt
Name: Date:
(Course Instructor)
Name: Data:
Name: Date: Date: