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|  | MEHRAN UNIVERSITY OF ENGINEERING & TECHNOLOGY, JAMSHORO**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 or his/her nominee (Dept. Quality Coordinator) together with copies of the Course Syllabus outline

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| Department: |  | Faculty: |  |
| Course Code: |  | Title: |  |
| Session: |  | Semester: | Autumn | Spring | Summer |
| Credit Value: |  | Level: |  | Prerequisites: |  |
| Name of Course Instructor: |  | No. of Students Contact Hours | Lectures | Other (Please State) |
| 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)**

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| Undergraduate | Originally Registered | %GradeA | %Grade B | %Grade C | D | E | F | No Grade | Withdrawal | Total |
| No. of Students |  |  |  |  |  |  |  |  |  |  |
| Post-Graduate | Originally Registered | %GradeA | %Grade B | %Grade C | D | E | 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.)

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| 1) Student (Course Evaluation) Questionnaires |
| 2) External Examiners or Moderators (if any) |

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| 3) Student /staff Consultative Committee (SSCC) or equivalent, (if any) |

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| 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 |

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| 5) Assessment: comment on the continuing effectiveness of method(s) of assessment in relation to the intended learning outcomes (Course objectives) |

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| 6) Enhancement: comment on the implementation of changes proposed in earlier Faculty Course Review Reports |

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| 7) Outline any changes in the future delivery or structure of the Course that this semester/term’s experience may prompt |

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| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Course Instructor)*Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Head of Department)* |