**Consultant Form for Postgraduate Program**

............................................................................................. Program Name:

.......................................................................................................... Degree:

................................................................................................... Department:

......................................................................................................... College:

I : Consultant Personal Information

Name: ……………………………………………………………………….  
Academic Post: ……………………………………………………………..  
Specialization: ………………………………………………………………

Affiliation: ...........................................................................……….………

Address: .............................................. Telephone: ............................. Fax: ......................... E-mail: ..........................................................................   
(Please attach a CV)

II: Program Evaluation:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Comments / Proposed Amendments | Rating | | | Topic | N |
| Needs Improvement | Adequate | Excellent |
|  |  |  |  | Program Name | 1 |
|  |  |  |  | Introduction:  2/1 Significance of program to the University and community | 2 |
|  |  |  |  | 2/2 Ways followed in Specifying Program Name, Mission,Vision and Objectives |
|  |  |  |  | 2/3 Department and Faculty Research Fields and Interests |
|  |  |  |  | 2/4 Working Fields for Program Graduates |
|  |  |  |  | 2/5 Naming of Programs Considered for Benchmarking or made use of |
|  |  |  |  | Vision | 3 |
|  |  |  |  | Mission | 4 |
|  |  |  |  | Objectives of the program  5/1 Formulation of Objectives 5/2 Measurability | 5 |
|  |  |  |  | Justifications for Provision of the Program | 6 |
|  |  |  |  | Admission Criteria | 7 |
|  |  |  |  | Program Structure  8/1 Compulsory Courses | 8 |
|  |  |  |  | 8/2 Specialized Courses |
|  |  |  |  | 8/3 Elective Courses |
|  |  |  |  | 8/4 Thesis or Research Project |
|  |  |  |  | Graduation Requirements  9/1 Courses | 9 |
|  |  |  |  | 9/2 Thesis /Research Project |
|  |  |  |  | 9/3 Comprehensive Exam (if applicable) |
|  |  |  |  | Facilities (Classes - Labs - libraries and Information Resources - Technology) | 10 |
|  |  |  |  | Faculty (their numbers, qualifications) | 11 |

III: Course Specification Evaluation:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Comments | Up-to-date References | | Appropriateness of Student Assessment Methods | | Appropriateness of the Teaching and learning Tools to the Stated Strategies | | Novelty of Course Content | | Appropriateness of Teaching and Learning Strategies to the Intended Learning Outcomes | | Consistency of the Intended Learning Outcomes with the Program | | Suitability of the Intended Learning Outcomes to the Objectives of the Course | | Measurability of Learning Outcomes | | Association Between Course and Program Objectives | | Clarity of Objectives | | Pre-requisites | | Department Offering the Course | | Credit Hours | | Course Title | Course Number | N |
| Achieved | Not Achieved | Achieved | Not Achieved | Achieved | Not Achieved | Achieved | Not Achieved | Achieved | Not Achieved | Achieved | Not Achieved | Achieved | Not Achieved | Achieved | Not Achieved | Achieved | Not Achieved | Achieved | Not Achieved | Achieved | Not Achieved | Achieved | Not Achieved | Achieved | Not Achieved |
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IV : Consultant Overall Opinion:

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V: Consultant Recommendation:

* Approval
* Approval upon minor modification proposed in (II&III).
* Non- Approval unless major modifications are implemented
* Non- Approval for stated reasons

Consultant Name: ……………………………………………………

Signature: ………………………………………….…………………   
Date: ………………………………………………….………………