



Course Report (Postgraduate Degree)

Course Title:

Code:

Program:

Department:

Institution:

Academic Year:

Semester:

Course Coordinator:

Date:

To get the application in word
scan the following barcode:



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A. Course Identification

N o	Instructor(s)	Location	Number of Sections	Number of Students	
				Starting the course	Completing the course

B. Course Delivery

1. Course Contact Hours (per semester)

No.	Activity	Planned	Actual
1	Lecture		
2	Laboratory/Studio		
3	Seminars		
4	Others (Specify)		
Total			

2. Topics not Covered

Topics	Reason for Not Covering	Extent of their Impact on Learning Outcomes	Compensating Action*

*Compensating actions already taken or suggested

3. Teaching Strategies

Planned Teaching Strategies	Were They Implemented ?		Difficulties Experienced (if any) in Implementation	Suggested Action
	Yes	No		

4. Activities/Assessment Methods

Activities/Planned Assessment Methods	Were They Implemented ?		Difficulties Experienced (if any) in Implementation	Suggested Action
	Yes	No		

5. Verification of Credibility of Students' Results

Method(s) of Verification	Conclusions

6. Recommendations

C. Student Results

1. Distribution of Grades

	Grades									Status Distributions						
	A+	A	B+	B	C+	C	D+	D	F	Denied	Enrv	In Progress	Incomplete	Pass	Fail	Withdrawn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

D. Course Learning Outcomes

1. Course Learning Outcomes Assessment Results

Course learning Outcomes (CLOs)		PLOs Code	Assessment Methods	Assessment Results		Comment on Assessment Results
				Target Level/ Criterion for Success	Actual Level	
1	Knowledge and Understanding:					
1.1						
1.2						
1.3						
1..						
2	Skills:					
2.1						
2.2						

2.						
3						
2..						
.						
3	Values:					
3.						
1						
3.						
2						
3.						
3						
3..						
.						

2. Recommendations

E. Course Quality Evaluation

1. Students Evaluation of the Quality of the Course

DATE OF SURVEY:	NUMBER OF PARTICIPANTS:	PERCENTAGE OF PARTICIPATION:	EVALUATION RESULT:
STUDENTS FEEDBACK		Course Coordinator/Instructor Comments/Response	
STRENGTHS:			
<ul style="list-style-type: none">•••			
AREAS FOR IMPROVEMENT:			
<ul style="list-style-type: none">••			

SUGGESTIONS FOR IMPROVEMENT:

-
-
-

2. Other Evaluations

(e.g., Evaluations by faculty, program leaders, peer reviewers, others)

Evaluation method :	Date:
Evaluator(s) Comments	Course Coordinator/Instructor Comments/Response
Strengths: <ul style="list-style-type: none">••	
Areas for improvement: <ul style="list-style-type: none">••	
Suggestions for Improvement: <ul style="list-style-type: none">••	

* Add separate table for each evaluation

3. Recommendations :

F. Difficulties and Challenges

Difficulties and Challenges	Consequences	Actions Taken
Administrative Issues		
Learning Resources		
Facilities		

G. Course Improvement Plan

1. Course Improvement Actions

Recommended	Actions Taken	Results	Comments
a. Previous course Report Recommendations			
b. Other Improvement Actions*			

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* (The developmental measures taken during teaching the course and not included in the development plan of it)

2. Action Plan for Next Semester/Year

Recommendations	Actions	Responsibility For Implementation	Time		Needed Support
			Start	End	
1.					
2.					
3.					