



University of Technology Nowshera

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

Department		Faculty:	
Course Code:		Title:	
Session:		Semester:	Autumn <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/>
Credit Value:		Level:	Prerequisites:
Name of Instructor		No. of Students contact Hours	Lectures Other (Please State)
Assessment Method: give precise details (no & length of assignments, exams, weightings etc)			

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

Undergraduate	Originally Registered	% Grade A,A+,A-	%Grade B,B+,B-	%Grade C,C+,C-	D	E	F	No Grade	Withdrawal	Total
No. of Students										

1) 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 / International Curriculum Guidelines

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

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

4) **Outline any changes in the future delivery or structure of the Course** that this semester/term's experience may prompt

Name: _____ Date: _____
(Course Instructor)

_____ Date: _____
(Head of Department)