



**HAZARA UNIVERSITY, MANSEHRA**  
**DIRECTORATE OF QUALITY ENHANCEMENT**

**Faculty Course Review Report**  
**(To be filled by each teacher at the time of Course Completion)**

For completion by the faculty member and submission to Head of Department or his/her nominee (Dept. Program Team/Focal Person) together with copies of the Course Syllabus outline

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 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)**

Under-graduate	Originally Registered	% Grade											No Grade	Withdrawal	Total	
		A <sup>+</sup>	A	A <sup>-</sup>	B <sup>+</sup>	B	B <sup>-</sup>	C <sup>+</sup>	C	C <sup>-</sup>	D	F				
No. of Students																
Post-Graduate	Originally Registered	% Grade											No Grade	Withdrawal	Total	
		A <sup>+</sup>	A	A <sup>-</sup>	B <sup>+</sup>	B	B <sup>-</sup>	C <sup>+</sup>	C	C <sup>-</sup>	D	F				
No. of Students																

**Overview/Evaluation (Teacher's Comments)**

Feedback: first summarize, and then comment on feedback received from:  
(These boxes will expand as you type in your answer.)

1) Please comment on Student Course Evaluation process for your course

2) External Examiners or Moderators (if any)

3) If there is any Student /staff Consultative Committee (SSCC) or equivalent in your department, please comment

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 method(s) of assessment** in relation to the intended learning outcomes (Course objectives in respective degrees/program)

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

8) Please comment any other change you want or academic improvement in your course or teaching methods.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Course Instructor)

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Head of Department)