



Course Report

Course Title:
Code:
Program:
Department:
Institution:
Academic year:
Semester:



Table of Contents

A. Course Identification	3
B. Student Results	3
1. Distribution of Grades	3
2. Comment on student results	3
3.Recommendations :	3
C. Course learning outcomes	4
1. Course learning outcomes assessment results	4
2. Recommendations	4
D. Course Content	5
1. Coverage of planned topics	5
2. Topics not covered	5
3.Recommendations	5
E. Teaching and Assessment	6
1. Effectiveness of teaching strategies	6
2. Variations from planned student assessment processes	6
3. Verification of student grade achievement.....	6
4. Recommendations :	6
F. Course Evaluation	7
1. Students Evaluation for quality of the course	7
2. Other Evaluations	7
3.Recommendations :	7
G. Challenges and difficulties	8
H. Course Improvement Plan	8
1. Course improvement actions	8
2. Action Plan for Next Semester/Year:	8
I. Authorized Signatures	9

A. Course Identification

1. Name of course instructor(s) :							
2. Location:							
3. Number of students :							
a. Starting the course:							
b. Completing the course:							
4. Course components (actual total contact and credits hours per semester):							
		Lecture	Tutorial	Laboratory/ Studio	Practical	Others (including self- study)	Total
Credit							
Contact Hours / per week	<i>Planned</i>						
	<i>Actual</i>						

B. Student Results

1. Distribution of Grades

	Grades									status distributions					
	A ⁺	A	B ⁺	B	C ⁺	C	D ⁺	D	F	Denied Entry	In Progress	Incomplete	Pass	Fail	Withdrawn
Number of Students															
Percentage															

2. Comment on student results

(including special factors (if any) affecting the results)

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3. Recommendations :

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C. Course learning outcomes

1. Course learning outcomes assessment results

Course learning outcomes (CLOs)		CLOs Assessment		Comment on assessment results
		Methods of assessment	Assessment result (percentage)	
Knowledge :				
1.1
1.2
1.3
1...
Skills :				
2.1
2.2
2.3
2...
Competence :				
3.1
3.2
3.3
3...

2. Recommendations

.....



D. Course Content

1. Coverage of planned topics

Topics Covered	Contact Hours		Reason for Variations
	Planned	Actual	
.....
.....
.....
.....
.....
.....
.....

2. Topics not covered

Topics not Fully Covered	Related learning outcomes	Possible Compensating Action
.....
.....
.....
.....

3. Recommendations

.....



E. Teaching and Assessment

1. Effectiveness of teaching strategies

Teaching Strategies	Were They Effective?		Difficulties Experienced (<i>if any</i>) in Using the Strategy	Suggested Action
	Yes	No		
.....
.....
.....
.....
.....

2. Variations from planned student assessment processes (*if any*)

Variation	Reason
.....
.....
.....

3. Verification of student grade achievement

Method(s) of Verification	Conclusion
.....
.....

4. Recommendations :

.....
.....



F. Course Evaluation

1. Students Evaluation for quality of the course

Date of Survey:	Number of Participants:
students comments	Response
Strengths: • • •
Suggestions for improvement • • •

* Attach survey report

2. Other Evaluations

(e.g. Evaluations by faculty ,Program leaders, peer review, Independent reviewers, program consultations committee)

Evaluation method :	Date:	Number of Participants :
Evaluators comments	Response	
Strengths: • •	
Suggestions for improvement • •	

* Add separate table for each evaluation

3.Recommendations :

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G. Challenges and difficulties

Difficulties (if any)	Consequences	proposed action to overcome
Administrative Issues		
.....
.....
.....
Learning resources		
.....
.....
.....
Facilities		
.....
.....
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H. Course Improvement Plan

1. Course improvement actions

Recommended actions	Actions Taken	Results	Comments
a. Previous course report recommendations			
.....
.....
.....
b. Other improvement actions			
.....
.....

2. Action Plan for Next Semester/Year:

Recommendations	Action	Person Responsible	Time		Support needed
			Start	End	
1.
2.
3.

I. Authorized Signatures

Title	Name	Signature	Date
Course Instructor
Program Coordinator

