



Faculty Course Review Report

(This report should be filled in by each instructor at the end of the Semester for Course Folder)

Department:		Number of students:	
Name of the Instructor:		Number of Lectures Delivered:	
Course Code:	Title:	Cr. Hrs.:	
Session:	Semester:		Fall Spring Summer

Approved Grading Instrument (Marks in %):

Sessional: _____ Midterm: _____ Final term: _____

Distribution of Grade/Marks and other Outcomes: (Adopt the grading system as required)

Number of students							
Grade A-, A, A+	Grade B-, B, B+	Grade C-, C, C+	Grade D, D+	Grade P	Grade F	Withdrawn W, W* _F	Total

* Please Give the reason of W_F

Mapping of PLO/CLO of course (if applicable): Tick (✓) where appropriate

CLOs/PLOs	CLO:1	CLO:2	CLO:3
PLO-1			
PLO-2			
PLO-3			

Attainment of PLO/CLO of course (if applicable)

CLO Assessment		PLO Assessment	
CLO No.	% Achievement	PLO No.	% Achievement
1		1	
2		2	
3		3	

Outline any changes in the future delivery or structure of the Course that this semester's experience may prompt:

Name: _____ Date: _____

(Course Instructor)

Name: _____ Date: _____

(Head of Department)