KHYBER MEDICAL UNIVERSITY
PHASE-V, HAYATABAD, KHYBER PAKHTUNKHWA, PESHAWAR
+92-91-9217755 +92-91-9217755 Email: qec@kmu.edu.pk

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 of his/her nominee (Dept. Quality Officer) together with copies of the Course Syllabus outline

Department:			Faculty:		
Course Code:		Title:			
Session:		Semester:	Autumn ☐	Fall ☐	
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)

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

Overview/Evaluation (Course Co-coordinator's Comments)

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

1) Student (Course Evaluation) Questionnaires

2) External Examiners or Moderators (if any)

3) Student /staff Consultative Committee (SSCC) or equivalent, (if any)

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)

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

Name: _____ Date: _____
(Course Instructor)

Name: _____ Date: _____
(Head of Department)

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