



QUALITY ENHANCEMENT CELL

LIAQUATUNIVERSITY OF MEDICAL & HEALTH SCIENCES

MAINCAMPUSBUILDING JAMSHORO SINDH, PAKISTAN

PHONE # 022-9213360, FAX # 022-3878035

www.lumhs.edu.pk/qec

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 or his/her nominee (Dept. Quality Coordinator) 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)

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 then comment on feedback received from:



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(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



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Name: _____ Date: _____
(Course Instructor)

Name: _____ Date: _____
(Head of Department)