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|  | **Pakistan Institute of Development Economics, Islamabad** |  |

**Faculty Course Review Report**

*PROFORMA – 2*

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

For completion by the course instructor and transmission to QEC through Head of Department together with copies of the Course outline

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| Department: |  | Faculty: |  |
| Course Code: |  | Title: |  |
| Session |  | Semester | Fall  | Spring | Summer |
| Credit Value: |  | Level: |  | Prerequisites: |  |
| Name of Course Instructor: |  | No. of Students Contact Hours | Lectures | Other (Please State) |
| Seminars |  |
| **Assessment Methods:** Give details (no. & length of assignments, exams, weightage etc) |  |

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| **Distribution of Grade / Marks and other Outcomes: (adopt the grading system as required)**Grade / MarksOriginally Registeredand other% GradeAOutcomes:FWithdrawalTotal |
| Post Graduate | Originally Registered | % GradeAA | % GradeBA °A GradeB | % GradeCA % GCCCCCradeC | D | E | No Grade | Withdrawal | Total |
| No. of Students |  |  |  |  |  |  |  |  |  |

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| **Overview/Evaluation (Course Instructor’s Comments)****Feedback: first summarize, then comment on feedback received from:****(These boxes will expand as you type in your answer.)** |
| 1. **Curriculum:** Comment on the continuing appropriateness of the Course curriculum in relation to the intended learning outcomes (course objectives)
 | ***Comment Box*** |
| 1. **Assessment:** Comment on the continuing effectiveness of method(s) of assessment in relation to the intended learning outcomes (Course objectives)
 | ***Comment Box*** |
| 1. **Enhancement:** Comment on the implementation of any changes proposed earlier in Faculty Course Review Reports (if applicable)
 | ***Comment Box*** |
| 1. Outline any changes in the future delivery or structure of the Course that this semester/term's experience may prompt
 | ***Comment Box*** |
| 1. External Examiners or Moderators (if any)
 | ***Comment Box*** |
| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Course Instructor)* | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(Head of Department)* | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |