FACULTY COURSE REVIEW REPORT

(To be filled by each teacher at the time of course completion)

F/QSP 11/14/02

Department:			
Degree Program:	Undergraduate ☐	Masters ☐	PhD ☐
Degree Title/ Specialization:			
Course Code:		Course Title:	
Academic Year:	20_____	Semester:	Spring ☐ Fall ☐

Theory		Practical (if applicable)	
Contact Hours per week per section:	No. of Sections	Contact Hours per week per group:	No. of Groups

Assessment Methods:	Assignment ☐ Test ☐ Presentation ☐ Others: _____

Curriculum: (Comment on your course experience including class environment, facilities, students and the continuing appropriateness of the course curriculum and suggestions, if any).

This is to certify that I have completed the course contents of the above subject/ sections/ topics assigned to me:

Signature: _____	Signature: _____
Name: _____	Name: _____
(Course Instructor)	Class Advisor/ Masters/PhD Coordinator
Date: _____	Date: _____