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|  | AC019 |

**Annual Course Review Report**

(To be filled by Course Instructor)

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

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| Department: | School: |
| Course Code: | Title |
| Academic Year: | Credit Value: |
| Name of Course Instructor: | No. of students : |

##### Distribution of Grade/Marks and other Outcomes: (Use the prescribed grading system of the university)

**Post graduate/Undergraduate**

Number of Enrolled Students:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Scale** | **Letter Grade** | **Numbers of students** | | | | **%** |
| **Fall 2018** | **Spring 2019** | **Summer 2019** | **Total** |
|  | A+ |  |  |  |  |  |
|  | A |  |  |  |  |  |
|  | A- |  |  |  |  |  |
|  | B+ |  |  |  |  |  |
|  | B |  |  |  |  |  |
|  | B- |  |  |  |  |  |
|  | C+ |  |  |  |  |  |
|  | C |  |  |  |  |  |
|  | D |  |  |  |  |  |
|  | F |  |  |  |  |  |
| Incomplete | I |  |  |  |  |  |
| Withdrawal | W |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |

##### Overview

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

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| 1.Teacher Evaluation Result: |
| 2. Content/Topics Improvement Plan: |
| 3. Teaching Method (Comment on effectiveness of teaching method): |
| 4. Assessment: Comment on the continuing effectiveness of method(s) of assessment in relation to intended learning outcomes (Course objectives) |
| 5. Outline any changes in the future delivery or structure of the course that this report may prompt. |

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| Signature of Course Instructor: |  |  |
|  |  |  |
| Name: |  |  |
| Date: |  |  |