Name of the department:

### AY:

## Course Closing Report:

### Programe Name:

### Semester:

### Course Name & Code:

**Course Outcomes:**

### At the completion of the course, students will be able to

|  |  |  |
| --- | --- | --- |
| **S.No** | **COURSE OUTCOMES** | **COGNITIVE LEVELS** |
|  |  |  |
|  |  |  |
|  |  |  |

**CO-PO and CO-PSO Mapping:**

**CO Attainments in 2019-20:**

**PO-PSO Attainments in 2019-20:**

**Summary of Result Analysis:**

## Signature: Signature:

### Module Coordinator: Course Coordinator: