Name of the department:

### AY: (Odd Semester)

## Course Closing Report

#### Programe Name:

#### Semester:

#### Course Name:

**Course Outcomes:**

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

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

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