**Course Specifications Reviewing Form – Department XX**

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| **Course ID** |  | **Course Title** |  |
| **Academic Year** | 2018\2019 | **Instructor** |  |
| **Semester** |  | **Reviewing #** | 1st 2nd  |
| **No** | **Item** | **Quality Grade** | **Remarks** |
| **Accepted** | **Needs Improvement** | **Unaccepted** |
| A-Course Identification  | Course Identification |  |  |  |  |
| Mode of Instruction |  |  |  |
| Actual Learning Hours |  |  |  |
| B-Course Objectives and Learning Outcomes | Course Description |  |  |  |  |
| Course Main Objective |  |  |  |
| Course Learning Outcomes |  |  |  |
| C-Course Content | CLOs Matched with NQF |  |  |  |  |
| D. Teaching and Assessment  | Alignment of Course Learning Outcomes with Teaching Strategies and Assessment Methods |  |  |  |  |
| Assessment Tasks for Students |  |  |  |
| E. Student Academic Counseling and Support |  |  |  |  |  |
| F. Learning Resources and Facilities | Learning Resources |  |  |  |  |
| Facilities Required |  |  |  |
| G. Course Quality Evaluation  |  |  |  |  |  |
| H-Specification Approval Data |  |  |  |  |  |
| Supporting Evidences / Appendix |  |  |  |  |  |

**Feedback to Instructor:**

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| **Quality Coordinator /Reviewer** | **Date** | **Signature** |
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