**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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