**INSTRUCTOR’S REVIEW**

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| **Course Name: Course Number:****Instructor Name:** |

1. **Appropriateness of the course learning outcomes.**

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1. **Extent to which the syllabus was covered. (Mention the reasons if the syllabus was not fully covered)**

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1. **Extent to which learning outcomes were met (with evidence).**

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| **Final Term Exam** | **Midterm Exam** | **Oral Tests** | **Projects** | **Tests** | **Learning outcomes** |
|  |  |  |  |  | **1-** |
|  |  |  |  |  | **2-** |
|  |  |  |  |  | **3-** |
|  |  |  |  |  | **4-** |
|  |  |  |  |  | **5-** |
|  |  |  |  |  | **6-** |
|  |  |  |  |  | **7-** |
|  |  |  |  |  | **8-** |
|  |  |  |  |  | **9-** |
|  |  |  |  |  | **10-** |

1. **Appropriateness of textbooks and other Learning resources.**

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1. **Appropriateness of assessments instruments in relation to learning outcomes.**

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1. **Appropriateness of prerequisites.**

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1. **General comments on any problems encountered with the course.**

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1. **General comments about course development.**

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| **Coordinator Name: Department Head:****Signature: Signature:** **Date: Date:** |

**Director of Development and Quality Assurance Center notes:**

**Signature: Date:**