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A-Basic Information

1. Title and Code:
2. Program (s) on which this course is given: bachelor of pharmacy
3. Department:
4. Year/ Level of programmes:
5. Units hours:
Lectures: Tutorial/ Practical : Total contact hours:
Credit hours:
6. Names of lecturers contributing to the delivery of the course:
Dr/
Dr/
Dr/

Course co-ordinator: Dr/

External evaluator : Prof.Dr/

B- Statistical Information

No. of students attending the course: No.

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%

No. of students completing the course: No.

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%

Results:

Passed : No.

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%

 Failed : No.

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%

Grading of successful students:

Excellent: No.

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%

 Very Good: No.

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%

Good : No.

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%

 Pass: No.

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%

C- Professional Information

Week	Topic	Total contact hours	Lecture	Practical (contact hours)
1				
2				
3				
4				
5				
6				
7	Mid-term exam			
8				
9				
10				
11				
12				
13				
14				
15				

Topics taught as a percentage of the content specified:

>90 % 70-90 % <70%

Reasons in detail for not teaching any topic

If any topics were taught which are not specified, give reasons in detail

2- Teaching and Learning Methods:

Lectures:
 Practical Training/ Laboratory:
 Seminar/Workshop:
 Class Activity:
 Case Study:
 Other Assignments/Homework:

If teaching and learning methods were used other than those specified, list and give reasons:

3- Student Assessment:

<i>Method of Assessment</i>	<i>Marks</i>	<i>Percentage of total</i>
Written examination		
Mid Term	<input type="text"/>	<input type="text"/> %
Final	<input type="text"/>	<input type="text"/> %
Oral examination	<input type="text"/>	<input type="text"/> %
Practical/laboratory work	<input type="text"/>	<input type="text"/> %
Total	300	100 %

Members of Examination Committee

Prof Dr./

Dr./

Dr /

Dr/

Role Of External Evaluator:

4- Facilities and Teaching Materials:

- Totally adequate
- Adequate to some extent
- Inadequate

List any inadequacies

Maintenance & repair works in laboratories.

5- Administrative Constraints

List any difficulties encountered

6- Student Evaluation of the course: Response of Course Team

List any difficulties encountered

7- Comments from internal evaluator: Response of Course Team

8- Comments from external evaluator(s): Response of Course Team

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9- Course Enhancement:

Progress on actions identified in the previous year's action plan:

Action	State whether or not completed—and give reasons for any non completion
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10- Action Plan:

Action	Completion Date	Person Responsible
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Course Coordinator

Signature:

Date: / /