

# Course Report (2025)

**Academic Year**

...../.....

**Semester**

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## 1. Basic Information

<b>Course Title (according to the bylaw):</b>	
<b>Course Code (according to the bylaw):</b>	
<b>Department/s that participated in the teaching:</b>	
<b>Total number of credit hours/points of the course:</b>	
<b>Course Type:</b>	
<b>The level to which the course was introduced:</b>	
<b>Academic Program:</b>	
<b>Faculty/Institute:</b>	
<b>University/Academy:</b>	
<b>Name of Course Coordinator:</b>	
<b>Course Report Approval</b> (Attach the decision/minutes of the department /committee/council ....)	
<b>Date of approval of the course report</b>	Click or tap to enter a date.

## 2. Data and Statistics

Course Instructors			
Number of Faculty Staff		Number of Teaching Assistants	
Full-time (at least 4 working days)	Part-time (1 or 2 days)	Full-time (at least 4 working days)	Part-time (1 or 2 days)
Instructor Name	Department	Academic degree	Specialty
1.			
2.			
3.			
4.			
Notes (if any):			
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Teaching and Learning					
Number of weeks of actual study	Total number of theoretical teaching hours (Lectures/ .....)	Total number of training hours (practical/clinical/...)	Total number of field training hours (if any)	Total number of self-learning hours (if any)	Other (to be mentioned)
Notes (if any) on:					
Topics not covered, changes in teaching methods, number of teaching hours or content .....					
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### 3. Student Feedback \*

\* Feedback from students must include their evaluation of the following: scientific content – teaching and learning methods – facilities and learning resources – examinations - .....

(attach the questionnaire analysis report or any other means used, and the points evaluated).

Item	Comment
Means of Evaluation:	
Timing of Evaluation:	
Number of students who participated in the course evaluation	
Percentage of participants to the total number	
Important points of satisfaction	1- 2- 3-
Important points of dissatisfaction	1- 2- 3-

### 4. Instructors Reflection \*

\* Instructors' views on the educational process, scientific content, adequacy of resources, etc. (if any)

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## 5. Course Enhancement

**Comment on uncompleted corrective/improvement actions from last year's plan (if any, mentioning the reasons)**

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**Course development plan for the next academic semester/year**  
(considering the student assessment results as well as the student feedback and instructors' reflection)

No.	Points that need development or improvement	Corrective/ Improvement Actions	Methods of implementation	Notes
1.				
2.				
3.				
4.				

**Name and Signature  
Course Coordinator**

**Name and Signature  
Head of the department council**