

Course Report 201 - 201

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A-Basic Inform	ation		
1. Title and Co	de:		
2. Program (s)	on which this c	ourse is given:	bachelor of pharmacy
3. Department:			
4. Year/ Level o	of programmes:		
5. Units hours: Lectures: Credit hours:	Tutorial	/ Practical :	Total contact hours:
Dr/	cturers contribu		very of the course:
Dr/			
	ator: Dr/ or : Prof.Dr/		
B- Statistical In	oformation		
	attending the cours completing the cou		% % % %
Grading of suc	ccessful students:		
Excellent: No. Good : No.	<u>%</u> %	Very Good: No Pass: No.	D. %



C- Professional Information

Week	Торіс	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				



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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:

Method of Assessment		Marks	Percentage of total
Written examination Mid Term Final		%	
Oral examination		%	
Practical/laboratory work		%	
Total	300	1	00 %

Members of Examination Committee

Prof Dr./
Dr./
Dr /
Dr/



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Role Of External Evaluator:

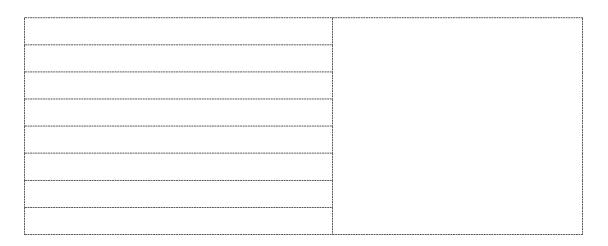
4- Facilities and Teaching Materials:

- 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

10- Action Plan:

Action Completion Date Person . Responsible

Course Coordinator

Signature:

Date: / /