



COURSE REVIEW FORM

Internal Quality Assurance Unit
SOUTH EASTERN UNIVERSITY OF SRI LANKA

Faculty :-
Department :-

A. GENERAL INFORMATION

Academic Year: Year: Semester: No. of Credit Hours:

Course Code and Name:-

Lecturer:

Other Members:
If available

B. INPUT INFORMATION

COURSE PASS RATE

Number & % of Student's Enrolled:
Number & % of Student's sat for the exam:
No.& % of Student's passed in MAIN exam:
No.& % of student's failed in MAIN exam:

AVERAGE MARKS OF COURSE

Average Final Exam Mark (theory): %
Average Continuous Assessment (CAT) Marks: %
Course MEAN Mark (theory + CAT): %

EXTERNAL EXAMINER'S COMMENTS (Key findings from external examiner's report):

STUDENT'S FEED BACK (key findings from students' evaluation form)

Average Rating of Course: %

Rating of Lecturer: %

Rating of Learning Environment: %

Significant Positive Comments:-

Significant Negative comments:

Suggestions for improvements:

LECTURER'S REMARKS

C. REFLECTIONS ON POINTS IN SECTION B ABOVE (INCLUDING THE EFFECTS OF ANY CHANGES MADE FROM THE PREVIOUS YEAR). (Were all the Learning Outcomes achieved? How Appropriate was the learning and teaching strategy, the assessment strategy, the assessment strategy and the learning environment (labs, lecture, etc.)? in particular, what were the elements of the continuous Assessment, and how well did the Students perform on them? (Pl attach a separate sheet if necessary)

D. PLAN OF ACTION FOR NEXT ACADEMIC YEAR: (Changes to Course Description, Methods of teaching or assessment, material in other courses, laboratory or other facilities, teaching environment, etc) (Pl attach a separate sheet if necessary)

Name of the Lecturer:

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Signature of the Lecturer

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Signature of the Head of Department