

Course Report

College: Pharmaceutical Science & Drug Manufacturing

Department:

Semester: Year

A. Basic Information

1. **Title and code:** (.....).

2. **Program (s) for which this course is given:** Bachelor of Pharm. Science

3. **Year / Level of programs:** level / semester

4. **Unit / Credit hours:**

Lectures

Tutorial / Practical

Total

5. **Names of lecturers contributing to the delivery of the course:** Prof. Dr

Course coordinator: Prof. Dr

B- Statistical Information:

No. of students attending the course: No. %

No. of students completing the course: No. %

Results:

Passed : No. % Failed: No. %

Grading of successful students:

A	A-	B+	B	B-	C+	C	C-	D+	D	F	W

C. Professional Information

1. Course teaching

Topic	Lecture numbers	Tutorial/ Practical numbers

Topics taught as a percentage of the content specified:

> 90% 70-90% - <70%

Reasons in detail for not teaching any topic

..... Nothing

2. Teaching and learning methods:

- I. Lectures
- II. Practical training/ laboratory
- III. Seminar / Workshop
- IV. Class activity

Other assignments / homework:

..... Nothing

3. Student assessment:

Method of assessment	Percentage of total
Mid-term Examination	... %
Practical Examination	... %
Final-term Examination	... %
Oral Examination	... %
Semester work	... %
Total	100%



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Members of examination committee: Prof. Dr Hameda El Gohary /
Dr.Suzan Soliman

Facilities and teaching materials:

- Totally adequate
- Adequate to some extent
- Inadequate
- List any inadequacies

4. Administrative constraints

List any difficulties encountered

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5. Student evaluation of the course:

General average:/5(good response) as a result of students
questioner

List any criticisms

Response of course team:
.....

6. Comments from external evaluator(s):

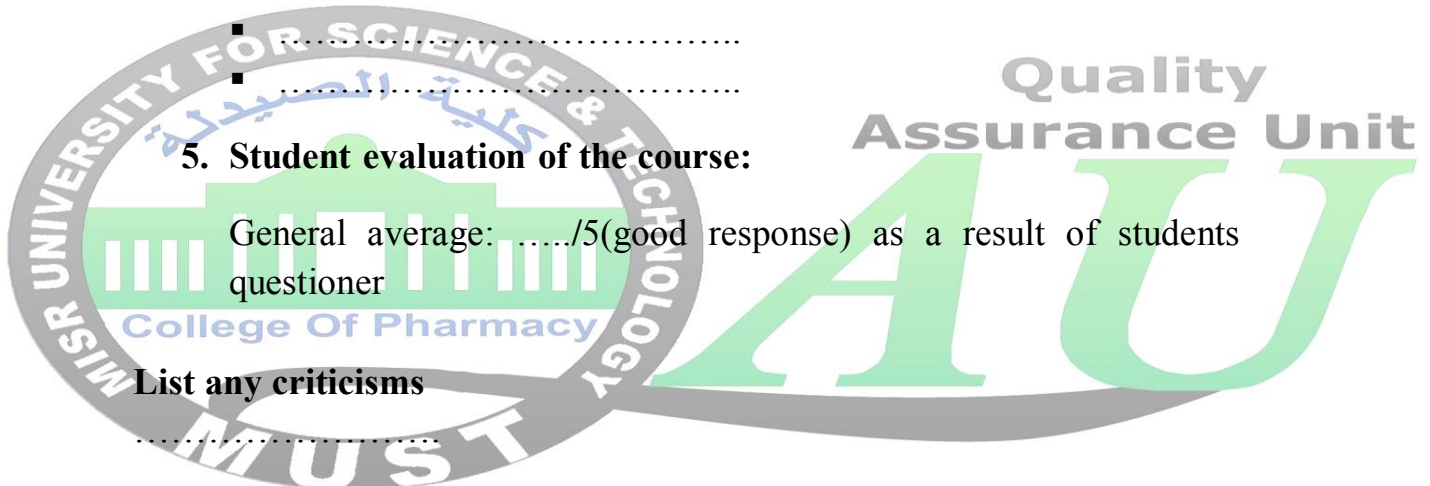
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Response of course team:-

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7. Course enhancement:

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8. Action plan for academic year

Action required **Completion date** **Person responsible**

Action required	Completion date	Person responsible

Distribution of the actual academic teaching weeks in accordance to the last academic study plan

Course coordinator:

Signature:

Date:

