

Form:	Form Number	EXC-01-02-03A
	Issue Number and Date	2963/2022/24/3/2
Course Report	Issue Number and Date	5/12/2022
	Number and Date of Revision or Modification	2/(10/12/2023)
	Deans Council Approval Decision Number	50/2023
	The Date of the Deans Council Approval Decision	26/12/2023
	Number of Pages	04

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1.	School/ Center	
2.	Department	
3.	Program Title	
4.	Program Code	
5.	Course Title	
6.	Course Number	
7	Credit Hours (Theory, Practical)	
7.	Contact Hours (Theory, Practical)	
8.	Level of Course	
9.	Year of Study and Semester (s)	
10.	Date of Report (Academic Year, Semester)	
11.	Course Coordinator/ Other Instructors	

12. Content Delivery:

2. Convent Ben (et) (
Not all topics were completed/ covered	Reasons for not completing all the course topics: Consequences of not completing all the course topics: Suggested compensation strategies for not completing all the course topics:					
	Reasons for modifications:					

13. Teaching Strategies:

strategies such as (learning and teaching strategies are according to recent developments that are						
based on results of scientific research in learning and teaching, use modern technologies and						
electronic programs as sources of learning and teaching)						
	What performance indicator/s not followed?					
performance indicators regarding the teaching	Reasons for not following:					
strategies	Suggested modifications to improve:					

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Not all teaching strategies effective						What teaching strategy/ strategies not effective											
						Reasons for ineffectiveness:											
					Su	Suggested modifications to improve:											
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4. Assessmen				ty Eve	ım and	Laccaci	ment	nolica	/ polic	iec n	cocedu	rec					
			11 (C1 S1	ıy Exc	iiii aiic	assess	SIIICIII	poncy	pone	ics, pi	occuu	103,					
instructions, and forms. ☐ Not following all the University Exam and							Identify what is/are not in adherence with the										
assessment po	_			•			University policy/ policies, procedures, and										
instructions, a					-,		rms:	J F	J. F-		, F		,				
,						Re	asons	for no	t follo	wing:							
										_		ove:					
							Suggested modifications to improve:										
	smen	t strate	gies ef	fectiv	e for t	he spe	cified	ILOs	of the o	course	,						
Not all asset	eceme	nt etra	terries	were e	effectiv	ve Ide	entify	what i	s/ are	accecc	ment s	trateo	w/				
	2551110	ni sna	iegies	W C1 C (7110011		Identify what is/ are assessment strategy/ strategies not effective?										
							Reasons for ineffectiveness:										
							Suggested modifications to improve:										
							1										
5. Course Re	sults:																
The number of			egister	ed in t	he cou	ırse:											
The number of																	
The number of	f stud	lents w	ho ach	nieve 1	he lea	rning o	outcon	nes tha	it enha	nce le	arning	skills	and				
critical and ar	alytic	al thin	king s	kills i	n the c	ourse:											
For Courses t	aught	throug	h Onli	ine an	d Blen	ded co	urses:	<u>.</u>									
The number of	f stud	lents w	ho ach	nieve 1	he lea	rning o	outcon	nes in	course	s taug	ht thro	ugh e	-				
learning, e-tea	aching	g, and l	blende	d lear	ning ir	the co	ourse:										
Grades:																	
Grade	Α	A-	B+	В	B-	C+	С	C-	D+	D	D-	F	Total				
No. of																	
students																	
Percentage	_	<u> </u>										oilad: 100%					
Tercentage	Pass	ed:		Failed:						10070							
	I										1		1				
		14	a a a man				v m a a t		14~9								
How are the c	ourse	resuit	s comp	area	to prev	10us/e	хресц	ea resu	IIIS?								

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	Consequences on student learning						
1. In facilities and resources							
2. In organization/ administratio	n						
17. Course Evaluation:	,						
Evaluator	Most impo strengths	ortant criticisms &	Response of instructor/s to this evaluation				
Student evaluation (Attach survey results)							
Head of department							
Peers/colleagues							
External examiners/visiting reviewers.							
18. Plans/Actions for Improving	the Course	:					
Measures proposed in previous report:		of the course	(Suggested measures to improve the quality of the course, implemented or not, and its impact on course if undertaken or not)				
Measures taken this semester/year:		(Measures ta	(Measures taken and results achieved)				
Action plan for next semester/ye	ear:	implementin	(Measures will be taken, responsibility for implementing measures, the deadline for completion)				

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Name of the Instructor or the Course Coordinator:	Signature:	Date:
Name of the Head of Quality Assurance Committee/ Department	Signature:	Date:
Name of the Head of Department	Signature:	Date:
Name of the Head of Quality Assurance Committee/ School or Center	Signature:	Date:
Name of the Dean or the Director	Signature:	Date: