**Course Improvement Plan**

|  **Course Name:** ………………  | **Department:** ……………………… |
| --- | --- |
| **Code:** ……………………….. | **Year/Level:** ……………………….. |
|  **Course Instructor/s:** ………… | **Academic Year:** ………………..… |

| **Improvement Items** | **Action Plan for Next Semester/Year Course improvement** |
| --- | --- |
| **Actions Recommended for Further Improvement** | **Start****Date** | **Completion****Date** | **Responsible****Person** |
| **Course content changes (**e.g. added or removed or updated topics**)** |  |  |  |  |
| **Changes in course delivery** (e.g. new methods of teaching, additional co-curricular activities, …etc**)**  |  |  |  |  |
| **Changes to Assessment: (**new methods of assessment or redistribution of grades, or changed number of assessments…etc.) |  |  |  |  |
| **Other items** |  |  |  |  |

| **Course Instructor Signature****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Head of Department/Coordinator Signature****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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