**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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