



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)				



<p>Changes to Assessment: (new methods of assessment or redistribution of grades, or changed number of assessments...etc.)</p>				
<p>Other items</p>				

Course Instructor Signature

Head of Department/Coordinator Signature
