

<b>Educational Program</b>		<b>Academic cycle</b>	
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Course		Instructor:
Name	Number	
		Please insert (✓ or x)
Course Syllabus		<input type="checkbox"/>
Sample of Midterm exam (min, avg & max grades)		<input type="checkbox"/>
Sample of HW or/and projects, quizzes ... etc. (if applicable) (min, avg & max grades)		<input type="checkbox"/>
Sample of final exam (min, avg & max grades)		<input type="checkbox"/>
CAF*		<input type="checkbox"/>
CAS*		<input type="checkbox"/>
Course report		<input type="checkbox"/>

\*CAF: Course Assessment by Faculty \*CAS: Course Assessment by Students

Auditor Comments	
Item	Corrective action (if any)
Course Syllabus	
Sample of Midterm exam	
Sample of HW or/and project ..etc.	
Sample of final exam	
CAF	
CAS	
Course report	

<b>Auditor Name</b>	
<b>Signature</b>	
<b>Date of auditing</b>	

\*Please submit this form filled & signed.