

Course Review Tool

TITLE OF COURSE

Catalog Number:	Subject:	Study Period:			
Course Title:	Review Status:				
Last Taught Date:	Last Review Date:	Last Review Study Period:			
Created:	Created By:				
Course Coordinator:	Reviewer:	Third-party nominator(s) of review focus: if any			
Program Director(s):	HOS:	Is Nominated:			
		Yes/No			
Review Type: Core P	lus Review Domains:	If Core Plus Review selected, indicate all that apply			
	learning growth; Elements of curriculum; Assessment approaches and Student experience and engagement; Teaching quality; Other;				
For each domain selected, elab					
Elements of curriculum ((please elaborate):				

Assessment approaches and design (please elaborate):					
Student experience and engagement (please elaborate):					
Teaching quality (please elaborate):					
Student learning growth (please elaborate):					
Other (please elaborate):					
Comment on the key drivers for this review and your principal purpose/focus of investigation:					

Comment on the principal so		ce used, key strengths, issues	identified:		
Recommendation(s):					
Key Recommendation	Actions	Responsible Person(s)	Timeframe	e	
*Resource implications					
Do these planned actions require significant resources (eg finances, staffing, time), beyond the scope of the course coordinator in preparing for a typical course delivery?					
* Please note that if your plans require additional resources this will need to be approved separately by the HoS.					
(If yes) please elaborate					
Attachments					
File Name					

Please download related attachments for this review record separately if required