|  |
| --- |
| **Course Title:**  *Enter Course Title*. |
| **Course Code**:  *Enter Course Code*. |
| **Program**: *Enter Program Name.* |
| **Department**: *Enter Department Name* . |
| **College**:  *Enter College Name*. |
| **Institution**: *Enter Institution Name.* |
| **Version**:  *Course Specification Version Number*  |
| **Last Revision Date:** *Pick Revision Date.* |

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# **A. General information about the course:**

**1. Course Identification:**

|  |
| --- |
| 1. Credit hours: ( ……… ) |
|  |
| 2. Course type |
| A. | [ ]  University  | [ ]  College | [ ]  Department | [ ]  Track |  |
| B. | [ ]  Required | [ ]  Elective |
| 3. Level/year at which this course is offered: ( ……….) |
| 4. Course general Description: |
|  |
| 5. Pre-requirements for this course (if any): |
|  |
| 6. Pre-requirements for this course (if any): |
|  |
| 7. Course Main Objective(s): |
|  |

**2. Teaching Mode:** (mark all that apply)

| **No** | **Mode of Instruction** | **Contact Hours** | **Percentage** |
| --- | --- | --- | --- |
| 1 | Traditional classroom |  |  |
| 2 | E-learning |  |  |
| 3 | Hybrid* Traditional classroom
* E-learning
 |  |  |
| 4 | Distance learning |  |  |

**3. Contact Hours:** (based on the academic semester)

|  |  |  |
| --- | --- | --- |
| **No** | **Activity** | **Contact Hours** |
|  | **Lectures** |  |
|  | **Laboratory/Studio** |  |
|  | **Field** |  |
|  | **Tutorial**  |  |
|  | **Others (specify)……** |  |
|  | **Total** |  |

# **B. Course Learning Outcomes (CLOs), Teaching Strategies and Assessment Methods:**

| **Code** | **Course Learning Outcomes** | **Code of PLOs aligned with program** | **Teaching Strategies** | **Assessment Methods** |
| --- | --- | --- | --- | --- |
| **1.0** | **Knowledge and understanding** |
| 1.1 |  |  |  |  |
| 1.2 |  |  |  |  |
| … |  |  |  |  |
| **2.0** | **Skills** |
| 2.1 |  |  |  |  |
| 2.2 |  |  |  |  |
| … |  |  |  |  |
| **3.0** | **Values, autonomy, and responsibility** |
| 3.1 |  |  |  |  |
| 3.2 |  |  |  |  |
| ... |  |  |  |  |

# **C. Course Content:**

|  |  |  |
| --- | --- | --- |
| **No** | **List of Topics** | **Contact Hours** |
|  |  |  |
|  |  |  |
| **---** |  |  |
| **Total** |  |

# **D. Students Assessment Activities:**

| **No** | **Assessment Activities \***  | **Assessment timing****(in week no)** | **Percentage of Total Assessment Score** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **...** |  |  |  |

\*Assessment Activities (i.e., Written test, oral test, oral presentation, group project, essay, etc.)

# **E. Learning Resources and Facilities:**

**1. References and Learning Resources:**

|  |  |
| --- | --- |
| **Essential References** |  |
| **Supportive References** |  |
| **Electronic Materials** |  |
| **Other Learning Materials** |  |

**2. Educational and Research Facilities and Equipment Required:**

| **Items** | **Resources** |
| --- | --- |
| **facilities** (Classrooms, laboratories, exhibition rooms, simulation rooms, etc.) |  |
| **Technology equipment**(Projector, smart board, software) |  |
| **Other equipment**(Depending on the nature of the specialty) |  |

# **F. Assessment of Course Quality:**

| **Assessment Areas/Issues**  | **Assessor** | **Assessment Methods** |
| --- | --- | --- |
| **Effectiveness of teaching** |  |  |
| **Effectiveness of students assessment** |  |  |
| **Quality of learning resources** |  |  |
| **The extent to which CLOs have been achieved** |  |  |
| **Other** |  |  |

**Assessor** (Students, Faculty, Program Leaders, Peer Reviewer, Others (specify)

**Assessment Methods** (Direct, Indirect)

# **G. Specification Approval Data:**

|  |  |
| --- | --- |
| **Council /COMMittee** |  |
| **Reference No.** |  |
| **Date** |  |