



Directorate of Quality Assurance

Ref: CUEA/DQA/asspros/Tm 2-2018/2019

COURSE EVALUATION RECEIPT FORM

This form should be completed in duplicate. All evaluation forms for the different units received from Course Representatives should be registered on this form.

Department: _____ Faculty: _____

Number of Units on Offer: _____ Number of Units Assessed: _____

	Unit Code	Unit Title	Official Full Name of Lecturer	Number of Assessment Forms	Date received
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Approved for submission to DQA:

Head of Department: _____ Signed: _____ Date: _____

Dean of Faculty: _____ Signed: _____ Date: _____

Received by DQA: _____ Stamp: _____

CUEA/DVC ACD/DQA/01/fm 2

