

Directorate of Quality Assurance

Ref: CUEA/DQA/asspros/Tm 2-2019/2020

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: _____

Number of Units on Offer:

Number of Units Assessed:

Faculty: _____

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	Unit Code	Unit Title	Official Full Name of Lecturer	Number of Assessment Forms	Date received	
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Approved for submission to DQA:

Head of Department:	Signed:	Date:
Dean of Faculty:	Signed:	Date:
Received by DQA:	Stamp: CUEA/DV	C ACD/DQA/01/fm 2
PEGISTRA		



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