KIBU-F-DQA-006

KIBABII UNIVERSITY

QUALITY TEACHING FORM

COURSE CODE …… **ACADEMIC YEAR** ……

COURSE TITLE …….. **SEMESTER** ……..

VENUE …… **Date** …….

WEEK	MAIN TOPIC/ FOCUS OF DESIGN IN BRIEF	CLASS REP. SIGN	LECTURER'S SIGN
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

(TO BE FILLED BY CLASS REP. AND HANDED TO THE C.O.D)

NO. OF CATS	NO.OF PARTICULARS	NO. OF ASSIGNMENTS	WERE TUTORIALS GIVEN	WERE AL THE TOPICS COVERED

C.O.D'S REMARKS ON THE TOPICS COVERED:

……

……

……

NAME…….. **SIGN**…….. **DATE**……

C.O.D

NAME…….. **SIGN**…….. **DATE**……

Dean