



KIBABII UNIVERSITY

QUALITY TEACHING FORM

COURSE CODE.....

ACADEMIC YEAR.....

COURSE TITLE.....

SEMESTER.....

WEEK	TOPIC	CLASS REP. SIGN	LECTURER'S SIGN
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			

(TO BE FILLED BY CLASS REP. AND HANDED TO THE COURSE LECTURER)

NO. OF CATS	NO.OF PRACTICALS	NO. OF ASSIGNMENTS		WERE ALL THE TOPICS COVERED

NAME.....

SIGN.....

DATE.....

Class Rep

NAME.....

SIGN.....

DATE.....

Lecturer

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

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NAME.....

SIGN.....

DATE.....



Kibabii University ISO 9001:2015 Certified
Knowledge for Development