|  |  |  |
| --- | --- | --- |
| EXC-01-02-02A | **Form Number** | **Form:****Course Syllabus** |
| 2/3/24/2022/296305/12/2022 | **Issue Number and Date** |
| 15/10/2023 | **Number and Date of Revision or Modification** |
| 265/2024/24/3/2 | **Deans Council Approval Decision Number** |
| 2024/1/23 | **The Date of the Deans Council Approval Decision** |
| 06 | **Number of Pages** |

|  |  |  |
| --- | --- | --- |
| **1.** | **Course Title** |  |
| **2.** | **Course Number** |  |
| **3.** | **Credit Hours (Theory, Practical)** |  |
| **Contact Hours (Theory, Practical)** |  |
| **4.** | **Prerequisites/ Corequisites** |  |
| **5.** | **Program Title** |  |
| **6.** | **Program Code** |  |
| **7.** | **School/ Center** |  |
| **8.** | **Department** |  |
| **9.** | **Course Level**  |  |
| **10.** | **Year of Study and Semester (s)** |  |
| **11.** | **Program Degree**  |  |
| **12.** | **Other Department(s) Involved in Teaching the Course** |  |
| **13.** | **Learning Language** |  |
| **14.** | **Learning Types** | ☐Face to face learning ☐Blended ☐Fully online |
| **15.** | **Online Platforms(s)** | ☐Moodle ☐Microsoft Teams |
| **16** | **Issuing Date** |  |
| **17.** | **Revision Date** |  |

**18. Course Coordinator:**

|  |
| --- |
| Name: Contact hours:Office number: Phone number:Email: |

**19. Other Instructors:**

|  |
| --- |
| Name: Office number:Phone number:Email:Contact hours:Name: Office number:Phone number:Email:Contact hours: |

**20. Course Description:**

|  |
| --- |
| As stated in the approved study plan. |

**21. Program Intended Learning Outcomes:** (To be used in designing the matrix linking the intended learning outcomes of the course with the intended learning outcomes of the program)

|  |  |
| --- | --- |
| **\*National Qualifications Framework Descriptors\*** | **PLO’s** |
| **Knowledge (A)** | **Skills (B)** | **Competency (C)** |  |
|[x] [ ] [ ]  1. |
|[ ] [ ] [ ]  2. |
|[ ] [ ] [ ]  3. |
|[ ] [ ] [ ]  4. |
|[ ] [ ]  [ ]  | 5. |

\* Choose only one descriptor for each learning outcome of the program, whether knowledge, skill, or competency.

**22. Course Intended Learning Outcomes:** (Upon completion of the course, the student will be able to achieve the following intended learning outcomes)

|  |  |  |
| --- | --- | --- |
| Course ILOs # | The learning levels to be achieved | Competencies |
| Remember | Understand | Apply | Analyse | Evaluate | Create |
| 1. |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |

**23. The matrix linking the intended learning outcomes of the course -CLO’s with the intended learning outcomes of the program -PLOs:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PLO’s  \*  CLO’s  | 1 | 2 | 3 | 4 | 5 | Descriptors\*\* |
| A | B | C |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |

**\*Linking each course learning outcome (CLO) to only one program outcome (PLO) as specified in the course matrix.**

**\*\*Descriptors are determined according to the program learning outcome (PLO) that was chosen and according to what was specified in the program learning outcomes matrix in clause (21).**

**24. Topic Outline and Schedule:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Week** | **Lecture** | **Topic** | **ILO/s Linked to the Topic** | **Learning Types****(Face to Face/ Blended/ Fully Online)** | **Platform Used** | **Synchronous / Asynchronous Lecturing** | **Evaluation Methods** | **Learning Resources** |
| 1 | 1.1 |   |  |   |  |  |   |   |
| 1.2 |   |  |   |  |  |   |   |
| 1.3 |   |  |   |  |  |   |   |
| 2 | 2.1 |   |  |   |  |  |   |   |
| 2.2 |   |  |   |  |  |   |   |
| 2.3 |   |  |   |  |  |   |   |
| 3 | 3.1 |   |  |   |  |  |   |   |
| 3.2 |   |  |   |  |  |   |   |
| 3.3 |   |  |   |  |  |   |   |
| 4 | 4.1 |   |  |   |  |  |   |   |
| 4.2 |   |  |   |  |  |   |   |
| 4.3 |   |  |   |  |  |   |   |
| 5 | 5.1 |   |  |   |  |  |   |   |
| 5.2 |   |  |   |  |  |   |   |
| 5.3 |   |  |   |  |  |   |   |
| 6 | 6.1 |   |  |   |  |  |   |   |
| 6.2 |   |  |   |  |  |   |   |
| 6.3 |   |  |   |  |  |   |   |
| 7 | 7.1 |   |  |   |  |  |   |   |
| 7.2 |   |  |   |  |  |   |   |
| 7.3 |   |  |   |  |  |   |   |
| 8 | 8.1 |   |  |   |  |  |   |   |
| 8.2 |   |  |   |  |  |   |   |
| 8.3 |   |  |   |  |  |   |   |
| 9 | 9.1 |   |  |   |  |  |   |   |
| 9.2 |   |  |   |  |  |   |   |
| 9.3 |   |  |   |  |  |   |   |
| 10 | 10.1 |   |  |   |  |  |   |   |
| 10.2 |   |  |   |  |  |   |   |
| 10.3 |  |  |   |  |  |   |  |
| 11 | 11.1 |   |  |   |  |  |   |   |
| 11.2 |   |  |   |  |  |   |   |
| 11.3 |   |  |   |  |  |   |   |
| 12 | 12.1 |   |  |   |  |  |   |   |
| 12.2 |   |  |   |  |  |   |   |
| 12.3 |   |  |   |  |  |   |   |
| 13 | 13.1 |   |  |   |  |  |   |   |
| 13.2 |   |  |   |  |  |   |   |
| 13.3 |   |  |   |  |  |   |   |
| 14 | 14.1 |   |  |   |  |  |   |   |
| 14.2 |   |  |   |  |  |   |   |
| 14.3 |   |  |   |  |  |   |   |
| 15 | 15.1 |   |  |   |  |  |   |   |
| 15.2 |   |  |   |  |  |   |   |
| 15.3 |   |  |   |  |  |   |   |

**25. Evaluation Methods:**

Opportunities to demonstrate achievement of the ILOs are provided through the following assessment methods and requirements:

|  |  |  |
| --- | --- | --- |
| **Evaluation Activity** | **\*Mark wt.** | **CLO’s** |
| **1** | **2** | **3** | **4** | **5** | **6** |
| First Exam  |   |   |  |   |  |  |   |
| Second Exam –If any  |   |   |  |   |  |  |   |
|  Final Exam |   |   |  |   |  |  |   |
| \*\*Class work |  |  |  |  |  |  |  |
| Projects/reports  |   |   |  |   |  |  |   |
| Researchworking papers |  |  |  |  |  |  |  |
| Field visits |  |  |  |  |  |  |  |
| Practical and clinical |  |  |  |  |  |  |  |
| PerformanceCompletion file |  |  |  |  |  |  |  |
| Presentation/exhibition |  |  |  |  |  |  |  |
| Any other approved works |  |  |  |  |  |  |  |
| Total 100% |  |  |  |  |  |  |  |

**\* According to the instructions for granting a Bachelor’s degree.**

**\*\*According to the principles of organizing semester work, tests, examinations, and grades for the bachelor’s degree.**

**Mid-term exam specifications table\***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CLO no.** | **CLO/****Weight** | **Total no. of questions** | **Total exam mark** | **No. of questions per CLO** |  **No. of questions/ cognitive level** |
| Remember30% | Understand20% | Apply20% | analyse10% | Evaluate10% | Create10% |
| 1 | 10% | 100 | 100 | 10 | 1 | 2 | 4 | 1 | 1 | 1 |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Final exam specifications table**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CLO no.** | **CLO****Weight** | **Total no. of questions** | **Total exam mark** | **No. of questions per CLO** | **No. of questions/ cognitive level** |
| Remember30% | Understand20% | Apply20% | analyse10% | Evaluate10% | Create10% |
| 1 |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |

**26. Course Requirements:**

|  |
| --- |
| (e.g.: students should have a computer, internet connection, webcam, account on a specific software/platform…etc.):  |

**27. Course Policies:**

|  |
| --- |
| A- Attendance policies:B- Absences from exams and submitting assignments on time:C- Health and safety procedures:D- Honesty policy regarding cheating, plagiarism, misbehavior:E- Grading policy:F- Available university services that support achievement in the course: |

**28. References:**

|  |
| --- |
| A- Required book(s), assigned reading and audio-visuals:B- Recommended books, materials, and media: |

**29. Additional information:**

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| Name of the Instructor or the Course Coordinator:………………………………………………… | Signature: …………...……………… | Date: ……..………… |
| Name of the Head of Quality Assurance Committee/ Department…………………………………………………. | Signature: …………...……………… | Date: ……..………… |
| Name of the Head of Department…………………………………………………. | Signature: …………...……………… | Date: ……..………… |
| Name of the Head of Quality Assurance Committee/ School or Center…………………………………………………. | Signature: …………...……………… | Date: ……..………… |
| Name of the Dean or the Director…………………………………………………. | Signature: …………...……………… | Date: ……..………… |