



مركز الاعتماد  
وإضمان الجودة  
ACCREDITATION & QUALITY ASSURANCE CENTER



**The University of Jordan**

**Accreditation & Quality Assurance Center**

**Program Annual Report**

**Program Name:**

1	Program Title/Code	
2	Faculty/ Department	
3	Awarding Institution	
4	Level of Study	
5	Final Qualification	
6	Academic Year	
7	Date of report	
8	Program Director (name, phone numbers & email)	

### 9. Student performance:

a.	Number of students who started the program in the academic year concerned																																																																																																							
b.	Number of students who completed the program in the academic year concerned																																																																																																							
c.	Percentage of students who completed the program (9 b/9a)																																																																																																							
d.	Percentage of students who completed the final year (if applicable)																																																																																																							
e.	Analysis of grade distribution in courses taken the academic year concerned:																																																																																																							
	<table border="1"> <thead> <tr> <th rowspan="2">Course Number</th> <th rowspan="2">Course Name</th> <th rowspan="2">Number of Students enrolled in the course</th> <th colspan="12">Percentage %</th> </tr> <tr> <th>A</th> <th>A-</th> <th>B+</th> <th>B</th> <th>B-</th> <th>C+</th> <th>C</th> <th>C-</th> <th>D+</th> <th>D</th> <th>D-</th> <th>F</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	Course Number	Course Name	Number of Students enrolled in the course	Percentage %												A	A-	B+	B	B-	C+	C	C-	D+	D	D-	F																																																																												
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g. If success rates and grade distribution are significantly high or low in some courses or deviate from policies, indicate the reason and what action has been taken if necessary.

h. Number and percentage of students passing each year of the program (if applicable)

Year	Number started	Number passed	% passed
Year 1			
Year 2			
Year 3			
Year 4			
Year 5			
Year 6			

### 10. Areas of Concern and Follow Up:

a. **Internal influences:** *list difficulties encountered in administration, and management of the program, changes within the university, and any resource constrains, its impact on program quality and suggestion to avoid such difficulties in future.*

b. **External influences:** *list any significant changes external to the university affecting the program and its implications.*

### 11. Stakeholder Feedback and External Review:

a. **Student feedback:** *indicate improvement actions and/or areas of concern arising from reviews of graduating student surveys and other student feedback.*

b. **Student feedback in course evaluations:** *indicate whether student evaluations of courses taught during the year were conducted and main suggestions for teaching improvement.*

c. **Other Stakeholder Feedback (e.g. Alumni, Employers, professional association, etc.):** *give details of surveys, and meetings held with stakeholders in the last academic year, and describe the main outcomes and any ongoing communication.*

d. **External Review:** *briefly describe any external review and benchmarking undertaken in relation to teaching, learning and/or assessment over the reporting period. Summarize the outcomes and indicate any actions taken.*

**12. Program teaching strategies:**

*Comment on the effectiveness of teaching strategies used in the program to insure that the PLOs have been met. Indicating any difficulties encountered, and suggestions for improvement.*

**13. Program Assessment strategies:**

*Provide an analysis of the assessment (methods and dates) of PLOs showing strengths, weaknesses and recommendations for improvement. Key Performance Indicators and benchmarks should be clarified. (By the end of final year, all PLOs should have been assessed).*

**14. Staff orientation and development:**

*What activities or programs were provided in the year concerned for the orientation of new staff members? Evaluate its effectiveness and suggest any recommendations for improvement*

*What activities or programs were provided in the year concerned for the for professional development of teaching and other staff?*

**15. Follow-up Action Items from Last Year:** *list any action items from last year and provide a brief, evidence-based commentary on implementation of each item.*

Action planned	Implementation comments
1.	
2.	
3.	

**16. Quality Enhancement and Development of the Program:**

<i>List any suggestions for changes to curriculum of the program (deletion or addition of credit hours or courses).</i>
<i>List any suggestions for changes to the teaching strategies used in the program.</i>
<i>List any suggestions for changes to the assessment strategies used in the program.</i>
<i>List any suggestions for development activities for teaching and other staff.</i>

**17. Future Plans:** based on the above review and discussion at the program level, list below the improvement actions and/or new initiatives planned for the next reporting year. Include any previously suggested and unimplemented action plans.

Actions required	Completion date	Person responsible

Program Director: ----- Signature: -----Date: -----

Head of Department: ----- Signature: -----

Head of curriculum committee/Faculty: ----- Signature: -----

Dean: -----Signature: -----

Accreditation and Quality Assurance Center: ----- Signature: -----

Copy to:

- Head of Departments
- Assistant Dean for Quality Assurance
- Accreditation and Quality Assurance Center
- Program File
- Curriculum committee/University
- Vice President for scientific Research and Quality Assurance