**Corrective Actions and Improvement Plan for the Course**

**Department:** …………………… **Program:** ………………………………….

**Course name:** ………………………………. **Course Code:** …………………. **Level:** …………………….

**Academic year:** ……… **/** ……… **Semester:** …………………… **Teaching staff:** ……………………

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Person Responsible** | **What has not been done** | **What has been done** | **Completion Period** | **Corrective Actions/ Progress Actions** | **Points Need to be Corrected/ Progressed** |
|  |  |  |  |  |  |

**Head of Department Teaching Staff**

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