



## CSIR COLLEGE OF SCIENCE AND TECHNOLOGY

(Accredited by Ghana Tertiary Education Commission and Affiliated to University of Cape Coast)

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### COURSE-EXAM EVALUATION FORM BY LECTURER (CCST-QFORM-2)

**Purpose:** CCST-QFORM-2 is to be completed by each lecturer at the end of the Semester after marking the examination scripts. This is to help the Quality Assurance Coordinating Office (QACO) ascertain courses that students are doing well and those having challenges. This is to help inform possible reviews of courses within the College.

<b>SECTION A</b>						
Department						
Semester (1)..... (2)..... of 20..... ACADEMIC YEAR						
Course Code						
Course Lecturer						
No of Students						
<b>SECTION B</b> <i>(Please provide statistics on Students' Performance Using the following)</i>						
Topic of Course	Examination Question	Percentage of Students Who Attempted	Percentage of Students who obtained 60- 100% of Total Mark	Percentage of Students who obtained 30 -59 % of Total Mark	Percentage of Students who obtained < 30 % Of Total Mark	Remarks


**SECTION B OVERALL PERFORMANCE IN THE COURSE:** Please provide statistics on Overall Performance in the Course using the following

Percentage of Students who obtained $\geq 60$ marks	Percentage of Students who obtained 30- 59 marks	Percentage of Students who obtained <30 marks

**Overall Remarks by Lecturer:** *(Please provide any additional remarks/suggestions that could help students who obtained  $\geq 29$  marks in the Course)*

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**Signature by Course Lecturer**.....

**Date:**.....

**Please submit the completed CCST-QFORM-2 together with semester exam marks to the HOD**

**SECTION D:** *(Section to be completed by HOD before forwarding to QACO)*

**Remarks by HOD:** *(HOD's assessment as to whether the Course Contents need to be maintained or modified based on Students' Performance)*

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**Signature of HOD:**.....

**Date:**.....

[Reminder: Please forward completed CCST-QFORM-2 to Quality Assurance Coordinating Office at [qao@ccst.edu.gh](mailto:qao@ccst.edu.gh)]