**Summary of Course Management (TQF 5)**

**Section 1: General Information**

1. Course Code and Name

…………………………………………………………………………………………………………………………………………………………..

2. Number of Credits

…………………………………………………………………………………………………………………………………………………………..

3. Curriculum and Course Type

…………………………………………………………………………………………………………………………………………………………..

4. Course Coordinator and Course Instructor

…………………………………………………………………………………………………………………………………………………………..

5. Semester/Academic Year

…………………………………………………………………………………………………………………………………………………………..

6. Prerequisite Courses

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7. Co-requisite Courses

…………………………………………………………………………………………………………………………………………………………..

8. Study Location

…………………………………………………………………………………………………………………………………………………………..

**Section 2 Course Management in Comparison with Lesson Plan**

1. Report of Actual Teaching Hours Compared to Lesson Plan

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Topic** | **No. of Hours According to Lesson Plan** | **No. of Hours Actually Taught** | **Specify Reasons for Deviation of Actual Teaching from Lesson Plan if the Difference is over 25%** | **Outcomes of Learning from this Course** | **Remedial Measures** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

3. Effectiveness of Teaching Methods Leading to Achieving the Learning Outcomes as Specified in the Course Details

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Course Learning Outcomes (CLOs)** | **Teaching Methods** | | | | **Assessment and Evaluation Methods** | | | |
| Teaching Methods Specified in the Course Details | Effectiveness | | Problems (if any) with Recommendations for Solutions | Assessment and Evaluation Methods Specified in the Course Details | Effectiveness | | Problems (if any) with Recommendations for Solutions |
| Yes | No |  |  | Yes | No |  |
| **CLO1** |  |  |  |  |  |  |  |  |
| **CLO2** |  |  |  |  |  |  |  |  |

4. Suggestions for Improving Teaching Methods

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**Section 3 Summary of Course Management Results**

1. Number of Students Enrolled

…………………………………………………………………………………………………………………………………………………………..

2. Number of Students Remaining at the End of the Semester

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3. Number of Student Withdrawals (W)

…………………………………………………………………………………………………………………………………………………………..

4. Distribution of Grade Levels

|  |  |  |  |
| --- | --- | --- | --- |
| **Grade Level** | **Grade Range** | **Total (Individuals)** | **%** |
| A | 80->> |  |  |
| B+ | 75–79.99 |  |  |
| B | 70–74.99 |  |  |
| C+ | 65–69.99 |  |  |
| C | 60–64.99 |  |  |
| D+ | 55–59.99 |  |  |
| D | 50–54.99 |  |  |
| F | 0–49.99 |  |  |

5. Factors for Causing Abnormal Grade Levels

…………………………………………………………………………………………………………………………………………………………..

6. Deviation from the Assessment Plan Specified in the Course Details

|  |  |
| --- | --- |
| **Deviation** | **Reason** |
|  |  |

7. Reviewing Student Performance Outcomes

|  |  |
| --- | --- |
| **Summary Method** | **Result** |
|  |  |

**Section 4 Problems and Impacts on Implementation**

1. Resource Aspects for Teaching and Learning and Facilities

|  |  |
| --- | --- |
| * 1. **Problems in Utilizing Teaching and Learning Resources** | * 1. **Impact on Learning Outcomes** |
|  |  |

2. Management and Organizational Aspects

|  |  |
| --- | --- |
| * 1. **Problems in Management and Organization** | * 1. **Impact on Learning Outcomes** |
|  |  |

**Section 5 Course Evaluation**

1. Course Evaluation Results by Students in the Registration System (reg.msu.ac.th)

|  |  |
| --- | --- |
| **Key Criticisms from Student Evaluations** | **Instructor’s Feedback on the Criticisms** |
|  |  |

2. Course Evaluation Results through Other Methods, such as Gathering Feedback from Students in the Classroom Setting

|  |  |
| --- | --- |
| **Key Criticisms from Evaluations Through Other Methods** | **Instructor’s Feedback on the Criticisms** |
|  |  |

**Section 6 Improvement Plan**

1. Progress of Teaching and Learning Improvements as Proposed in the Previous Course Report

|  |  |
| --- | --- |
| **Improvement Plans Proposed in the Past Semester/Academic Year** | **Results of the Implemented Actions** |
|  |  |

2. Other Actions Taken for Course Improvement

…………………………………………………………………………………………………………………………………………………………..

3. Recommendations from the Course Coordinator to the Program Coordinator

…………………………………………………………………………………………………………………………………………………………..

4. Proposed Improvement Plan for the Next Semester/Academic Year

|  |  |  |
| --- | --- | --- |
| **Proposal** | **Time Frame Set and Completed** | **Person in Charge** |
|  |  |  |

Name of the Course Coordinator ................................................................

Signature ................................................................

Report Date .....................................................

Name of the Program Coordinator ................................................................

Signature ................................................................

Review Date .................................................