CQI-01 Ver. 1/2015

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| **CQI Planning** | | | | | |
|  |  |  |  |  |  |
| Section | : | |  |  | | --- | --- | |  |  | | Semester | : | |  |  |  | | --- | --- | --- | | I | II | III | |
|  |  |  |  |  |  |
| Code | : | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  | | Session | : | |  | | --- | |  | |
|  |  |  |  |  |  |
| Course | : | |  | | --- | |  | | Year | : | |  |  |  |  | | --- | --- | --- | --- | | 1 | 2 | 3 | 4 | |
|  |  |  |  |  |  |
| Programme (Elective) | : | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | BEV | BEJ(B) | BEJ(C) | BEJ(D) | BEJ(H) | BEJ(U) | |  |  |  |  |  |  | | |  |  |
| Please √ |  |  |  |  |  |

**Notes:**

1. Please attach the Final CQI form (CQI Form from OBESys/TCIS) from previous semester.
2. Evidence should be provided once the planned CQI actions have been done.

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| **CQI for CLO 1 (Cognitive)** |
| CQI Implementation Planning or comments regarding the suggestions: |

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| **CQI for CLO 2 (Psychomotor)** |
| CQI Implementation Planning or comments regarding the suggestions: |

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| **CQI for CLO 3 (Affective)** |
| CQI Implementation Planning or comments regarding the suggestions: |

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| **Prepared By** |  | **(Coordinator)** |  |  |  |
|  |  |  |  |  |  |
| Signature | : | |  | | --- | |  | | Date | : | |  | | --- | |  | |
| Name | : | |  | | --- | |  | |  |  |  |

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| **Verified By** |  | **(Head of Department)** |  |  |  |
|  |  |  |  |  |  |
| Signature | : | |  | | --- | |  | | Date | : | |  | | --- | |  | |
| Name | : | |  | | --- | |  | |  |  |  |