**EXAMINATIONS CONTROL COMMISSION REPORT**

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| Institution**Najran University**  |
| College |
| **Year and semester to which this report applies** |
| **Location (if not on main campus) (M/F)** |

1. **Statement of examinations control members**

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| --- | --- |
| Name | Position  |
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1. **Students and observations summary for current semester**

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| --- | --- |
| **Total no of students in the college** |  |
| **Total no. of the observers in the college** |  |
| **Total no of absent observers in final exam** |  |
| **Rate of observers per students (%)**  |  |
| **Total no of examinations rooms**  |  |
| **Number of deprived students**  | (…….)(a) |
| (…….)(b) |
| (…….)(c) |
| **No of absents students**  | (…….)(a) |
| (…….)(b) |
| (…….)(c) |
| **Did the Control committee prepared the timetable for observers?**  |  |

1. Radiological Sciences Department
2. Clinical Laboratory Department
3. Physiotherapy Department
4. **Summary of examination control committee results**

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| --- | --- |
| **Number of the students caught in fraud case** |  |
| **Describe the fraud case**  | ………………………………………………………….………………………………………………………….…………………………………………………………. |
| **Is the fraud evidence available (yes, No)?**  |  |
| **Penalty that have signed on violators student** |  |
| Copy this table if you have more than one fraud case.  |

1. **Results of examination paper evaluation**

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| **Attach the report of final examinations of an audit committee**  (**FEAC**) |
| **Number of examinations did not comply withlearning outcome**  | (…….)(a) |
| (…….)(b) |
| (…….)(c) |
| **Number of examinations did not received by FEAC** | (…….)(a) |
| (…….)(b) |
| (…….)(c) |
| **Number of examinations did not comply with examinations rules** | (…….)(a) |
| (…….)(b) |
| (…….)(c) |
| **Statements of examinations did not received by FEAC (a)** | **Course title**  | **Code**  |
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| **Statements of examinations did not received by FEAC (b)** | **Course title**  | **Code**  |
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| **Statements of examinations did not received by FEAC (c)** | Course title  | Code  |
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| **Observations of random review of answer sheets by FEAC (a)**(This include answer sheet did not revised and corrected by another auditor) | **Course title**  | **Code**  |
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| **Observations of random review of answer sheets by FEAC (b)**(This include answer sheet did not revised and corrected by another auditor) | **Course title**  | **Code**  |
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| **Observations of random review of answer sheets by FEAC (c)**(This include answer sheet did not revised and corrected by another auditor) | **Course title**  | **Code**  |
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1. Radiological Sciences Department
2. Clinical Laboratory Department
3. Physiotherapy Department
* **The annual needs for the Examinations Control committee**

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* **Proposals for development theExaminations Control committee and the implementation period**

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**……………………………………………………………………………………………………………………**

* **A summary of what has been updated in the college website**

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**……………………………………………………………………………………………………………………**

1. **Policies and Procedures**

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| --- | --- |
| **D.1. Number of available policies** | ………………………. |
| **D.2. Statement of adopted policies only**  | **Policy title**  | **The level of policy activation (High, Medium, low or None)**  |
| **………………………………………………………………** | ………………………. |
| **………………………………………………………………** | ………………………. |
| **………………………………………………………………** | ………………………. |
| **D.3. Improvement plan for policies**  | **Statement of policies with low or none level of activation** | **Summary of planning Action**  |
| **………………………………………………………………** | ………………………. |
| **………………………………………………………………** | ………………………. |
| **………………………………………………………………** | ………………………. |
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| **Report complete by**: | **Signature** | **Date Report Completed** |
|  |  |  |
| **Approval of Measurement and Evaluation Committee by (if required):** | **Signature** | **Date**  |
|  |  |  |
| **College Council approval No:**  | **Head of Department Council** | **Date** |
|  |  |  |

Note: all above signature are not required if report send by electronic administrative transactions