**ANNUAL FACILITIES AND EQUIPMENT COMMITTEE REPORT**

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

1. **Summary of facilities and equipment per ………. year**

|  |  |  |
| --- | --- | --- |
| * The overall rate over the appropriate facilities and equipment through a poll of faculty members
 | ………  | (…….%) |
| * Number of classrooms per area (or students chairs)
 | ………  | (…….%) |
| * Number of computers allocated to the department students
 | ………  | (…….%) |
| * Number students Bathrooms in the department
 | ………  | (…….%) |
| * Number of books in the department library
 | ………  | (…….%) |
| * The number of books in the central Library related to the department
 | ………  | (…….%) |
| * Number of student activities places
 | ………  | (…….%) |
| * Name of student activities places
 |  |
|  |
|  |
|  |
|  |
| * Administrator of the monitoring facilities Name
 |  |
| * The annual needs of facilities and equipment (Attach requirements in separate sheet)
 |
| * Needs of technical services for the next year including the specifications (attach requirements in separate sheet )
 |
| * The most important observations about the facilities and equipment
 |  |
| * A summary of what has been carried out to activate the website
 |  |

1. **Policies and Procedures**

|  |  |
| --- | --- |
| **B.1. Number of available policies** | ………………………. |
| **B.2. Statement of adopted policies only**  | **Policy title**  | **The level of policy activation (High, Medium, low or None)**  |
| **………………………………………………………………** | ………………………. |
| **………………………………………………………………** | ………………………. |
| **………………………………………………………………** | ………………………. |
| **B.3. Improvement plan for policies**  | **Statement of policies with low or none level of activation** | **Summary of planning Action**  |
| **………………………………………………………………** | ………………………. |
| **………………………………………………………………** | ………………………. |
| **………………………………………………………………** | ………………………. |
| **………………………………………………………………** | ………………………. |

|  |  |  |
| --- | --- | --- |
| **Report complete by**: | **Signature** | **Date Report Completed** |
|  |  |  |
| **Approval of Measurement and Evaluation Committee by (if required):** | **Signature** | **Date**  |
|  |  |  |
| **Department Council approval No:**  | **Head of Department Council** | **Date** |
|  |  |  |

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