**ANNUAL STUDENT ACTIVITY COMMISSION REPORT**

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

1. **Summary of students activity**

|  |  |
| --- | --- |
| * Number of activity during academic year
 | ………  |
| * Number of students participated in these activities
 | ………  |

1. **Students' activity details during current year**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No.**  | **Activity title** | **Participants Number**  | **Semester & date of activity**  | **Students opinion about the activity (Negative, Positive)**  | **Activity supported by the university or third-part**  | **Activity type (sport, social, cultural, .....)** |
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1. **The number of activities have been planned and were not implemented**

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| --- | --- | --- | --- | --- | --- |
| **No.**  | **Activity title** | **Expected Participated Number**  | **Semester and date** | **The reason of not implementing the activity**  | **Is the activity supported by the university or third-party** |
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1. **The number of participants who received awards / certificates during activity**

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| --- | --- | --- | --- | --- | --- |
| **No.**  | **Activity title** | **The names of students who received a certificate or award** | **Students ID**  | **Student level**  | **Awards were supported by the university or third-party** |
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* **Students most important notes about activities**
* **The annual needs for the student activity Commission's**
* **Activities proposals for the next year**
* **A summary of what has been updated in the website**
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**  |
|  |  |  |
| **Department Council approval No:**  | **Head of Department Council** | **Date** |
|  |  |  |

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