**ANNUAL SCIENTIFIC RESEARCH COMMITTEE 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 statistical data for academicstaff in the current year**

|  |  |  |
| --- | --- | --- |
| * Number of scientific researches | ……… | (…….%) |
| * Number of scientific papers | ……… | (…….%) |
| * Number ofparticipates in the scientific conferences | ……… | (…….%) |
| * Number of translated/author book by academic staff | ……… | (…….%) |
| * Number of bending patents by academic staff | ……… | (…….%) |
| * Number of patents by academic staff | ……… | (…….%) |

1. **Summary of statistical data for studentsin the current year**

|  |  |  |
| --- | --- | --- |
| * Number of studentsscientific researches | ……… | (…….%) |
| * Number of studentsscientific papers | ……… | (…….%) |
| * Number of studentsparticipated in scientific conferences | ……… | (…….%) |
| * Number of bending patents by students | ……… | (…….%) |
| * Number of patents by students | ……… | (…….%) |

1. **Research Details**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **No** | **Activity title** | **Activity type (paper, conference, book, ….)** | **Location, Journal name, publisher name** | **Page number, volume, ISBN** | **Country** | **Date of publication** | **Notes** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

1. **Research activities that have been utilized in the educational process**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No** | **Activity title** | **Course title belong to the activity** | **Course code** | **Nature of the relationship (direct, indirect)** | **How does activity support the learning outcome?** |
|  |  |  |  |  |  |
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1. **Summary of Impact factor**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | **Paper name** | **Impact factor** | **Is it ranking as ISI?** | **Is the paper got an award?** |
|  |  |  |  |  |
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|  |  |  |  |  |

The highest impact factor of all research (ISI) mention above =

1. **Scientific research equipment**

**Equipment/Machine(E/M)available for research and other purposes**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No** | **E/M name** | **Model** | **Field of research activities** | **E/M status (good, need maintenance, need discharge)** | **Note** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. **Requirements of scientific research equipment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | **E/Mname** | **Model** | **Field of research activities** | **(E/M)specifications** |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Summary of Scientific Conferences/symposium/workshop arranged by college**

**Conferences/symposium/workshop (C/S/W)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No** | **C/S/W title** | **Was the C/S/W arrange through a partnership with the others?** | **Field of activities** | **Number of participants** | **International / regional / local activity** | **Location** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. **Proposals for development the scientific research plan**

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| --- | --- | --- |
| Summary points of proposal | Person responsible | Implementation period |
|  |  |  |

1. **Summary of website updates in scientific research**

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1. **Policies and Procedures**

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| --- | --- | --- |
| **K.1. Number of available policies** | ………………………. | |
| **K.2. Statement of adopted policies only** | **Policy title** | **The level of policy activation (High, Medium, low or None)** |
| **………………………………………………………………** | ………………………. |
| **………………………………………………………………** | ………………………. |
| **………………………………………………………………** | ………………………. |
| **K.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

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