**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 student who 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 the Examinations Control committee and the implementation period**

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

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

* **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