**ANNUAL FACILITIES AND EQUIPMENT 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 facilities and equipment per ………. year**

|  |  |  |  |
| --- | --- | --- | --- |
| * The overall rate over the appropriate facilities and equipment through a poll of faculty members (Efficiency and adequacy of facilities). | | ……… | (…….%) |
| * 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** |
| **………………………………………………………………** | ………………………. |
| **………………………………………………………………** | ………………………. |
| **………………………………………………………………** | ………………………. |
| **………………………………………………………………** | ………………………. |

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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