



UNIVERSITY OF ENGINEERING AND TECHNOLOGY, PESHAWAR
QUALITY ENHANCEMENT CELL

Inspection Committee Visit Proforma

Department	
Faculty	
Campus	
Date of Visit	

1. Summary of the Course Folder Evaluation

(Please review at least 5 course folders, one from each semester, and one from supporting courses).

S. No.	Course Code and Title	Instructor Name	Status / Comments
1.			
2.			
3.			
4.			
5.			
6.			
7.			

2. Students' Feedback

(Please provide your comments based on the interaction with students regarding quality of education/teaching)

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(Attach extra sheet, if required)

3. Status of Facilities in the Department

(Please provide your comments regarding the status of facilities in the classrooms, such as teaching aids etc., as well as laboratories.)

(Attach extra sheet, if required)

Name and Signature of Inspection Committee Member 1: _____

Name and Signature of Inspection Committee Member 2: _____

Note: Submit this report to the concerned Dean and a copy to QEC within 3 working days.