

Version No. : 01

Revision No. : 01

Effective Date : 24 Jan, 2024

Workstation : KSTCL

**KULLIYYAH OF SUSTAINABLE TOURISM AND CONTEMPORARY LANGUAGES (PAGOH CAMPUS)**

**PROGRAMME REPORT FORM**

**NAME OF THE PROGRAMME:**

PROGRAMME NAME

**ORGANIZED BY:**

DEPARTMENT / OFFICE / UNIT / FLAGSHIP

1. **INTRODUCTION**

Background of the programme including objectives and details of the programme

1. **IMPACT OF THE PROGRAMME (based on IIUM Mission and Vision, Sustainable Development Goals (SDG), Maqasid Shariah, and National Education Philosophy,**

Impact of the programme

1. **ORGANIZING COMMITTEE**

**ADVISOR**   
Staff Name  
Position

|  |  |  |  |
| --- | --- | --- | --- |
| **POSITION** | **NAME / EMAIL** | **STAFF NO. /**  **MATRIC NO.** | **PHONE NO.** |
| Programme Manager |  |  |  |
| Assist. Prog. Manager |  |  |  |
| Secretary |  |  |  |
| Treasurer |  |  |  |
| Prog. Coordinator |  |  |  |
| Preparation, Technical and Logistics |  |  |  |
| Promotion and Information |  |  |  |
| Facilities and Food |  |  |  |

1. **PROGRAMME SCHEDULE** (fill in the details)

|  |  |
| --- | --- |
| **TIME** | **ACTIVITY** |
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***Note: please attach CV/ Profile of speaker (if any)***

1. **LIST OF PARTICIPANT**

(Please attach the list of participant (refer Attachment 1) for CTD (staff) /STARS (students) point purposes)

1. **ACHIEVEMENTS/OBSERVATION/OUTCOMES**

(Please provide achievements/observation of the programme)

1. **SHORTCOMINGS**

(Please provide shortcomings of the programme)

1. **SUGESSTIONS/RECOMMENDATIONS/FEEDBACKS/COMMENTS**

(Please provide suggestion/recommendations/feedbacks/comments of the programme)

1. **ACTION TO BE TAKEN FROM SUGESSTIONS/RECOMMENDATIONS/FEEDBACKS/COMMENTS**

(Please provide action to be taken from suggestion/recommendations/feedbacks/comments of the programme)

1. **CONCLUSION**

(Please provide the conclusion of the programme)

1. **APPROVAL**

|  |  |
| --- | --- |
| Prepared by:  ……….........................................  **Name (Compulsory)**  Secretary/Programme Manager  Date: | Verified by:  ……….........................................  **Name (Compulsory)**  Head of Department/Deputy Dean  Date: |
| Recommended by:  ……….....................................  **Name (Compulsory)**  Senior Deputy Director  Kulliyyah of Sustainable Tourism and Contemporary Languages  Date: | Approved by:  ……….....................................  **Name (Compulsory)**  Dean  Kulliyyah of Sustainable Tourism and Contemporary Languages  Date: |

**\*\*please attach the approval letter of the programme**

**ATTACHMENT 1**

**NAME OF PROGRAMME : …………………………………**

**DATE : …………………………………**

**VENUE : ………………………………….**

**ORGANIZER : …………………………………**

**LIST OF PARTICIPANTS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NO.** | **STAFF /**  **STUDENT**  **NAME** | **STAFF NO. /**  **MATRIC NO.** | **KULLIYYAH** | **PARTICIPATED AS** | **SIGNATURE** |
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