OFFICE OF DEPUTY DEAN ACADEMIC & INTERNATIONALISATION (PAGOH CAMPUS)

PROGRAMME REPORT FORM

NAME OF THE PROGRAMME:
PROGRAMME NAME

ORGANIZED BY:
DEPARTMENT / DEPARTMENT / COURSE NAME, COURSE CODE, SECTION NO.

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1. INTRODUCTION

Background of the programme and details of the programme.

2. OBJECTIVES

No.	Objective of the Programme	Course Learning Outcome that matches the Objective of the Programme	Assessment (with percentage) *if applicable

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

Impact of the programme

4. 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			

5. PROGRAMME SCHEDULE (fill in the details)

TIME	ACTIVITY

Note: please attach CV/ Profile of speaker (if any)

6. LIST OF PARTICIPANT

(Please attach the list of participant (refer Attachment 1)

7. ACHIEVEMENTS/OBSERVATION/OUTCOMES

(Please provide achievements/observation of the programme)

8. SHORTCOMINGS

(Please provide shortcomings of the programme)

9. SUGESSTIONS/RECOMMENDATIONS/FEEDBACKS/COMMENTS

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

10. ACTION TO BE TAKEN FROM SUGGESTIONS / RECOMMENDATIONS/ FEEDBACK / COMMENTS

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

11. CONCLUSION

(Please provide the conclusion of the programme)

12. APPROVAL

Prepared by: ……..... **Name (Compulsory)** Secretary/Programme Manager Date:	Verified by: ……..... **Name (Compulsory)** Advisor Date:
Recommended by: ……..... **Name (Compulsory)** Head of Department Date:	Approved by: ……..... **Dr. Shahrul Nizam Bin Mohd Basari** Chairman, APAC 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