

Program Name: Enter Program Name.
Program Code (as per Saudi university ranking): Enter Program Code.
Qualification Level: Enter Qualification Level.
Department: Enter Department Name.
College: Enter College Name.
Institution: Enter Institution Name.
Academic Year: Enter the Academic Year of the Report.
Main Location: Enter the Main Location of the Program.
Branches offering the Program (if any):
•
•
•
Branches offering the Program (if any): • • • • • • • • • • • • • • • • • •





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A. Program Statistics

Item	Number
Number of students enrolled in the program	
Number of students who started the program (in reporting year)	
Number of students who completed the program	

B. Program Assessment

1. Program Learning Outcomes Assessment and analysis according to PLOs assessment plan *

#	Program Learning Outcomes	Assessment Methods (Direct and Indirect)	Targeted Performance (%)	Assessment Results
Knov	vledge and Understand	ding		
K1				
K2				
K3				
K				
Skills	5			
S1				
S2				
S3				
S				
Valu	es, autonomy, and res	ponsibility		
V1				
V2				
V3				
V				

^{*}Attach a separate report on the program learning outcomes assessment results for male and female sections and for each branch (if any).

Strengths:
Aspects that need improvement with priorities:





2. Evaluation of Courses

Course Code	Course Title	Number of Students Who Evaluated the Course	Percentage of Participants	Evaluation Results (out of 10)	Developmental Recommendations

3. Students Evaluation of Program Quality

Evaluation Date:	Number of Participants:
Students Feedback	Program Response
Strengths:	
•	
•	
Areas of Improvement:	
•	
•	
Suggestions for improvement:	
•	
•	

4. Scientific research and innovation during the reporting year

Activities Implemented	Number
Published scientific research	
Current research projects	
conferences organized by the	
program	
Seminars held by the program	
Conferences attendees	
Seminars attendees	
Discussion and analysis of scientific re	esearch and innovation activities



5. Community Partnership

Activities Implemented	Brief Description*
Comment on community	partnership activities**

^{*}including timing of implementation, number of participants, and outcomes.

6. Other Evaluation (if any)

(e.g., independent reviewer, program advisory committee, and stakeholders (e.g., faculty members, alumni, and employers)

Evaluation method:	Date:	Number of Participants:
Summary of Evaluator Review		Program Response
Strengths:		
•		
•		
Points for Improvements:		
•		
•		
Suggestions for development:		
•		
•		

^{*}Attach independent reviewer's report and stakeholders' survey reports (if any).



^{**}including overall evaluation of the program's performance in these activities (if any).



Including the key performance indicators required by the NCAAA.

No	KPI	Targeted Value	Actual Value	Internal Benchmark	Analysis	New Target	
1							
2							
3							
4							
5							
6							
Comments on the Program KPIs and Benchmarks results:							

D. Challenges and difficulties encountered by the program (if any)

Teaching				
Assessment				
Guidance and counseling				
Learning Resources				
faculty				
Research Activities				
Others				





E. Program development Plan

No.	Priorities for Improvement	Actions	Action Responsibility
1			
2			
3			
4			
5			
6			

Attach any unachieved improvement plans from previous report.

The annual program report needs to be discussed in department council

F. Approval of Annual Program Report

COUNCIL / COMMITTEE			
REFERENCE NO.	О.		
DATE:			

