

Department/Institute of -----

No. _____

Dated _____

IMPLEMENTATION PLAN

(Based on Classroom Observation / Lab. Evaluation Report)

(Submit this Implementation Plan to QEC at the end of each semester)

	Grey Areas Identified	Proposed Corrective Action	Implementation Date	Responsible Body	Remarks (if any)
1.					
2.					
3.					
4.					

Hod's Comments & Signature:

Dean's Comments & Signature: