Malayan Colleges Laguna
A MAPÚA SCHOOL

Revision No.: 03
Revision Date: May 24, 2019

COURSE SYLLABUS REVIEW FORM

IMPORTANT INFORMATION

- ✓ FILL OUT COMPLETELY THE DETAILS SPECIFIED BELOW
- ✓ PROVIDE JUSTIFICATIONS TO SUBSTANTIATE THE RECOMMENDATIONS
- ✓ CONVENE WITH THE MEMBERS OF THE COURSE REVIEW COMMITTEE TO DETERMINE THE POSSIBLE RECOMMENDATIONS TO IMPROVE THE COURSE SYLLABUS
- ✓ ATTACH THE REVISED COURSE SYLLABUS AND HIGHLIGHT THE INCORPORATED RECOMMENDATIONS
- ✓ SUBMIT THIS FORM TO THE PROGRAM CHAIR/CLUSTER COORDINATOR FOR APPROVAL

COURSE CODE	COURSE TITLE	DATE LAST REVISED	CURRENT REVIEW DATE	SERVICING COLLEGE

INPUTS

- ☐ 1. Course Portfolio
  - ☐ Syllabus
  - ☐ Sample Student Outputs
  - ☐ Course Materials
  - ☐ Assessment Tools
- ☐ 2. Statistical Data
  - ☐ Passed/Fail Data
  - ☐ Item Analysis
- ☐ 3. External Inputs
  - ☐ CHED Issuance
  - ☐ Industry Inputs
- ☐ 4. Reference Materials
  - ☐ Textbooks

Other Sources:

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RECOMMENDATIONS	JUSTIFICATIONS	REMARKS

Use separate sheet if necessary

PREPARED BY: (REVIEW COMMITTEE)	ACTION TAKEN: (PROGRAM CHAIR/CLUSTER COORDINATOR)
COURSE COORDINATOR SIGNATURE OVER PRINTED NAME/ DATE	☐ 1. Approved effective Term _____ SY _____ ☐ 2. Approved under the following conditions: _____ _____ _____ _____ _____ _____
MEMBER SIGNATURE OVER PRINTED NAME/ DATE	
MEMBER SIGNATURE OVER PRINTED NAME/ DATE	
MEMBER SIGNATURE OVER PRINTED NAME/ DATE	
MEMBER SIGNATURE OVER PRINTED NAME/ DATE	SIGNATURE OVER PRINTED NAME/ DATE
MEMBER SIGNATURE OVER PRINTED NAME/ DATE	ACCEPTED BY: (DEAN) SIGNATURE OVER PRINTED NAME/ DATE