NTU \_\_ (name of the unit under evaluation)

Review Comments & Improvement Plans

| **Review comments from evaluators** | **Improvement plans** | **Timetable** | **Relevant units** |
| --- | --- | --- | --- |
| 1. **Teaching and Learning**
 |
|  | (The layout of this form may be edited by adding/removing fields if necessary.) | □ Completed□ Undergoing (as part of routine business)□ To be completed by (MM/YYYY, e.g. 03/2015)□ To be completed by \_\_\_\_ (e.g. 2015/16-1 to mean the first semester of the 2015/16 Academic Year)□ Others: |  |
|  |  | □ Completed□ Undergoing (as part of routine business)□ To be completed by (MM/YYYY, e.g. 03/2015)□ To be completed by \_\_\_\_ (e.g. 2015/16-1 to mean the first semester of the 2015/16 Academic Year)□ Others: |  |
|  |  | □ Completed□ Undergoing (as part of routine business)□ To be completed by (MM/YYYY, e.g. 03/2015)□ To be completed by \_\_\_\_ (e.g. 2015/16-1 to mean the first semester of the 2015/16 Academic Year)□ Others: |  |
| 1. **Research**
 |
|  |  | □ Completed□ Undergoing (as part of routine business)□ To be completed by (MM/YYYY, e.g. 03/2015)□ To be completed by \_\_\_\_ (e.g. 2015/16-1 to mean the first semester of the 2015/16 Academic Year)□ Others: |  |
|  |  | □ Completed□ Undergoing (as part of routine business)□ To be completed by (MM/YYYY, e.g. 03/2015)□ To be completed by \_\_\_\_ (e.g. 2015/16-1 to mean the first semester of the 2015/16 Academic Year)□ Others: |  |
|  |  | □ Completed□ Undergoing (as part of routine business)□ To be completed by (MM/YYYY, e.g. 03/2015)□ To be completed by \_\_\_\_ (e.g. 2015/16-1 to mean the first semester of the 2015/16 Academic Year)□ Others: |  |
| 1. **Service**
 |
|  |  | □ Completed□ Undergoing (as part of routine business)□ To be completed by (MM/YYYY, e.g. 03/2015)□ To be completed by \_\_\_\_ (e.g. 2015/16-1 to mean the first semester of the 2015/16 Academic Year)□ Others: |  |
|  |  | □ Completed□ Undergoing (as part of routine business)□ To be completed by (MM/YYYY, e.g. 03/2015)□ To be completed by \_\_\_\_ (e.g. 2015/16-1 to mean the first semester of the 2015/16 Academic Year)□ Others: |  |
|  |  | □ Completed□ Undergoing (as part of routine business)□ To be completed by (MM/YYYY, e.g. 03/2015)□ To be completed by \_\_\_\_ (e.g. 2015/16-1 to mean the first semester of the 2015/16 Academic Year)□ Others: |  |
| 1. **Administration**
 |
|  |  | □ Completed□ Undergoing (as part of routine business)□ To be completed by (MM/YYYY, e.g. 03/2015)□ To be completed by \_\_\_\_ (e.g. 2015/16-1 to mean the first semester of the 2015/16 Academic Year)□ Others: |  |
|  |  | □ Completed□ Undergoing (as part of routine business)□ To be completed by (MM/YYYY, e.g. 03/2015)□ To be completed by \_\_\_\_ (e.g. 2015/16-1 to mean the first semester of the 2015/16 Academic Year)□ Others: |  |
|  |  | □ Completed□ Undergoing (as part of routine business)□ To be completed by (MM/YYYY, e.g. 03/2015)□ To be completed by \_\_\_\_ (e.g. 2015/16-1 to mean the first semester of the 2015/16 Academic Year)□ Others: |  |
| 1. **Others**
 |
|  |  | □ Completed□ Undergoing (as part of routine business)□ To be completed by (MM/YYYY, e.g. 03/2015)□ To be completed by \_\_\_\_ (e.g. 2015/16-1 to mean the first semester of the 2015/16 Academic Year)□ Others: |  |
|  |  | □ Completed□ Undergoing (as part of routine business)□ To be completed by (MM/YYYY, e.g. 03/2015)□ To be completed by \_\_\_\_ (e.g. 2015/16-1 to mean the first semester of the 2015/16 Academic Year)□ Others: |  |
|  |  | □ Completed□ Undergoing (as part of routine business)□ To be completed by (MM/YYYY, e.g. 03/2015)□ To be completed by \_\_\_\_ (e.g. 2015/16-1 to mean the first semester of the 2015/16 Academic Year)□ Others: |  |
| **Notes:**1. **The unit under evaluation shall submit a completed copy of this form to the Oversight Committee of Evaluation of Colleges within thirty (30) days upon presenting a final report. Upon being approved, the form shall then be sent to the Office of Academic Affairs, which will pass on the approved form to the President, Executive Vice Presidents, President for Academic Affairs, President for Research and Development, and Oversight Committee of Evaluation of University for approval.**
2. **This report and related files shall be archived and kept intact for future reference.**
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Stamp of the appropriate administrative personnel:

 Telephone No.: Email:

Stamp of the head of the unit under evaluation:

Stamp of dean of college (or the head of the competent higher level managing unit):

**□ Approved by the Oversight Committee of Evaluation of Colleges (please check the box)**