NTU Teaching and Research Unit Evaluation for the Academic Year ○○○

Final Report on Improvement Measures Taken

Name of the Unit under Evaluation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Category** | **No.** | **Suggestions from evaluators** | **(Replies from the Unit)** | | | **Comments from the head of the competent higher level unit** |
| --- | --- | --- | --- | --- | --- | --- |
| **Improvement results** | **Review materials** | |
| i. Teaching and Learning | 1 |  |  | Have the goals been achieved? | □Y  □N | * Already resolved. No further action recommended. * Improvements required. To be followed up in the next evaluation. * Other comments. Please specify: |
| Have any supporting materials been provided?  (Specify their serial numbers and pages.) | □Y  □N |
| 2 |  |  | Have the goals been achieved? | □Y  □N | * Already resolved. No further action recommended. * Improvements required. To be followed up in the next evaluation. * Other comments. Please specify: |
| Have any supporting materials been provided?  (Specify their serial numbers and pages.) | □Y  □N |
| 3 | (The layout of this form may be edited by adding/removing fields if necessary.) |  | Have the goals been achieved? | □Y  □N | * Already resolved. No further action recommended. * Improvements required. To be followed up in the next evaluation. * Other comments. Please specify: |
| Have any supporting materials been provided?  (Specify their serial numbers and pages.) | □Y  □N |
| ii. Research | 1 |  |  | Have the goals been achieved? | □Y  □N | * Already resolved. No further action recommended. * Improvements required. To be followed up in the next evaluation. * Other comments. Please specify: |
| Have any supporting materials been provided?  (Specify their serial numbers and pages.) | □Y  □N |
| 2 |  |  | Have the goals been achieved? | □Y  □N | * Already resolved. No further action recommended. * Improvements required. To be followed up in the next evaluation. * Other comments. Please specify: |
| Have any supporting materials been provided?  (Specify their serial numbers and pages.) | □Y  □N |
| 3 |  |  | Have the goals been achieved? | □Y  □N | * Already resolved. No further action recommended. * Improvements required. To be followed up in the next evaluation. * Other comments. Please specify: |
| Have any supporting materials been provided?  (Specify their serial numbers and pages.) | □Y  □N |
| iii. Service | 1 |  |  | Have the goals been achieved? | □Y  □N | * Already resolved. No further action recommended. * Improvements required. To be followed up in the next evaluation. * Other comments. Please specify: |
| Have any supporting materials been provided?  (Specify their serial numbers and pages.) | □Y  □N |
| 2 |  |  | Have the goals been achieved? | □Y  □N | * Already resolved. No further action recommended. * Improvements required. To be followed up in the next evaluation. * Other comments. Please specify: |
| Have any supporting materials been provided?  (Specify their serial numbers and pages.) | □Y  □N |
| 3 |  |  | Have the goals been achieved? | □Y  □N | * Already resolved. No further action recommended. * Improvements required. To be followed up in the next evaluation. * Other comments. Please specify: |
| Have any supporting materials been provided?  (Specify their serial numbers and pages.) | □Y  □N |
| iv. Administration | 1 |  |  | Have the goals been achieved? | □Y  □N | * Already resolved. No further action recommended. * Improvements required. To be followed up in the next evaluation. * Other comments. Please specify: |
| Have any supporting materials been provided?  (Specify their serial numbers and pages.) | □Y  □N |
| 2 |  |  | Have the goals been achieved? | □Y  □N | * Already resolved. No further action recommended. * Improvements required. To be followed up in the next evaluation. * Other comments. Please specify: |
| Have any supporting materials been provided?  (Specify their serial numbers and pages.) | □Y  □N |
| 3 |  |  | Have the goals been achieved? | □Y  □N | * Already resolved. No further action recommended. * Improvements required. To be followed up in the next evaluation. * Other comments. Please specify: |
| Have any supporting materials been provided?  (Specify their serial numbers and pages.) | □Y  □N |
| v. Others | 1 |  |  | Have the goals been achieved? | □Y  □N | * Already resolved. No further action recommended. * Improvements required. To be followed up in the next evaluation. * Other comments. Please specify: |
| Have any supporting materials been provided?  (Specify their serial numbers and pages.) | □Y  □N |
| 2 |  |  | Have the goals been achieved? | □Y  □N | * Already resolved. No further action recommended. * Improvements required. To be followed up in the next evaluation. * Other comments. Please specify: |
| Have any supporting materials been provided?  (Specify their serial numbers and pages.) | □Y  □N |
| 3 |  |  | Have the goals been achieved? | □Y  □N | * Already resolved. No further action recommended. * Improvements required. To be followed up in the next evaluation. * Other comments. Please specify: |
| Have any supporting materials been provided?  (Specify their serial numbers and pages.) | □Y  □N |
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| **Notes: 1. The unit under evaluation shall submit a completed Final Report on Improvement Measures Taken along with supporting materials within one year after the site visit to the Oversight Committee of Evaluation of Colleges for approval. Upon being approved, the said files shall then be sent to the Office of Academic Affairs, which will pass on these files to the President, Executive Vice President, 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.** | | | | | | |

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)**