

BAPATLA ENGINEERING COLLEGE

INSTITUTIONAL QUALITY ASSURANCE CELL

Department Academic Audit

ACDEMIC YEAR _____

DEPARTMENT DETAILS

Name of Department:		
Name of Programme:		
Academic year		
No. of courses offered	First Semester:	Second Semester:

A. COURSE DELIVERY:

WORKLOAD DETAILS**:

Name of the faculty member	Theory			Lab/practice/Drawing			Load status	
	No. of Courses	No. of Periods	Credits	No. of Courses	No. of Periods	Credits	Over loaded	Under loaded

** Add additional sheet if necessary

1. Course Lesson Plan preparation:

Description	Fall	Spring
No. of course lesson plans prepared before the commencement of class work		
No. of course lesson plans prepared with in one week after the commencement of class work		
No. of courses for which course lesson plans are not prepared		

(Evidence to be verified: course lesson plan documents)

2. Verification of Course Lesson Plans:

Description	Fall	Spring
No. of courses verified by internal verifier		
No. of courses where the Lesson Plans are modified after verification		
No. of courses not verified		

(Evidence to be verified: Verification reports)

3. Minutes of the Meeting

Department Meeting minutes showing the discussion on the outcome of the verification of course lesson plans and suggested actions, if any or actions carried out.

Comments of the auditor:

B. ASSESSMENT

1. Schedule for Verification*:

First Semester:

Course code	Instructor name	Verifier name	Date

Second Semester

Course code	Instructor name	Verifier name	Date

*Additional sheet can be attached if necessary

2. Internal Pre-assessment Verification:

First Semester:

Verification of Question Papers	Test I	Test II	Final Exam:
No. of courses verified by internal Verifier(s)			
No. of courses (Question papers) modified			
No. of courses not verified			

Second Semester:

Verification of Question Papers	Test I	Test II	Final Exam:
No. of courses verified by internal Verifier			
No. of courses (Question papers) modified			
No. of courses not verified			

(Evidence to be verified: Moderator reports and the compliance of procedure)

3. Internal Post-assessment Verification: (For Final Exam. Only)

Verification of Sample Answer Scripts and Marking

Description	First Semester	Second Semester
No. of courses verified by internal Verifier		
No. of courses modified for marks		
No. of courses not verified		

(Evidence to be verified: Test paper Moderation forms and the compliance of procedure)

4. External Post-assessment Verification: (For Final Exam. Only)

Verification of Sample Answer Scripts and Marking

Description	First Semester	Second Semester
No. of courses verified by External Verifier		
No. of courses modified for marks		

(Evidence to be verified: Test paper Moderation forms and the compliance of procedure)

5. Minutes of the Meeting

Department Meeting minutes showing the discussion on the outcome of internal and external moderation and suggested actions, if any or actions carried out.

Comments of the auditor:

C. CONTINUOUS IMPROVEMENT:

1. Improvements made to the curriculum or courses and the procedure followed:

State the improvements made to the Curriculum or course:

Course title and Code	Improvement made*	Approved by**

*Change of ILOs, assessment methods, teaching/learning methods, text book, etc.

**is it approved by Department or any other committee

(Evidence to be verified: Improvement comparing with existing and the process followed including MOMs).

Comments of the auditor:

D. RESEARCH

Description	No. /Percent	Target*	Percent Achieved
No. of faculty involved in research:			
No. of Publications in referred Journals:			
No. of Publications in other Journals			
No. of papers/posters presented in Conferences			

**Target set if any*

E. PROFESSIONAL DEVELOPMENT

Description	No. /Percent	Target*	Percent Achieved
No. of faculty participated in Workshops/Seminars			
Workshops/Seminars/Conferences Planned			
Workshops/Seminars/Conferences Organized /coordinated			

**Target set if any*

F. STUDENT MENTORING

Faculty Name	No. of	No. of	NO. of

	students assigned	Students Advised	special meetings*

*Other than for semester registration, like at-Risk, etc.

(Evidence to be verified: Minutes of the Meetings of Advising – online or hard copies)

Comments of the auditor:

G. Plans

Description	Target Date	Remarks
Budget proposal for the Department for the next year	30 th November for the next Calendar year Budget	
Operational Plan for the Department including the actions to be taken based on feedback or reviews.	At the beginning of every year	

Auditor Name:	
Auditor Signature	
Head of the Dept. Signature:	