Questions Review and Approval Form (QRAF)

KING KHALID UNIVERSITY
كلية الصيدلة
College of Pharmacy

General instructions:

- The course coordinator shall collect and revise the exam questions carefully.
- The course coordinator shall forward the exam draft to course facilitators (if any) for further review.
- The course facilitators shall review the exam questions and other relevant details within the allotted deadline.
- The course coordinator shall send the final exam draft to the department head for approval.

_____

Section A: Course Coordinator

Name:_____ **Employee ID#:**_____ **Semester:**_____
Course name:_____ **Course code:**_____ **Exam date (M/D/Y):**_____

Exam type:	
□ **Final Theory**	□ **Midterm Theory**
□ **Final Practical**	□ **Midterm Practical**
□ **Others**_____	

Checklist (required):

□ All required exam details are clear and concise (e.g., name of the department, semester #, exam type, course code/name, exam date, course coordinator and facilitators names, exam duration, student name/ID/SN, etc.), and the exam instructions.

□ All questions are revised, and the MCQs guideline, sent by VDDQ, is implemented.

□ The questions are obtained from the course contents and match the course's learning outcomes at the proper difficulty level.

□ The questions are unambiguous and can reasonably be completed within the allotted timeframe.

□ The questions and the answers (for MCQs exam) are not complicated. The convoluted sentences have been avoided.

□ The exam questions have been appropriately checked.

Comments:
_____

Sign:_____
_____

Section B: Course Facilitator(s) (If any)

□ The exam questions are revised, and no corrections are needed.

□ The exam questions are revised and forwarded to the course coordinator.

Comments:
_____

Course Facilitator 1 Name:_____ **Sign:**_____

Course Facilitator 2 Name:_____ **Sign:**_____
_____

Section D: Head of the Department (ONLY if he/she requested to review the exam)

□ Intended persons revise exam questions paper, and I approve it.

□ Exam questions paper is revised, and further revision by the course coordinator or course facilitator(s) is needed.

Comments:
_____
_____

Name:_____ **Sign:**_____
_____

Note:

➢ **Provide a copy of this form when submitting the course file. The original document should be kept with the course coordinator.**

➢ **The questions paper MUST BE circulated carefully through the official KKU communication platforms.**

➢ **Submission deadlines and review process should be determined by the department head.**