

## Electronic course files (E.CFiles) submitted to the quality committee

Department:		Program:	
Section:	Male/ Female	Academic year/ Semester:	

E.CFiles		NO	%
Submitted	Complete		
	Incomplete		
Non submitted			
Total NO. offered courses			

NO.	Course Code & NO.	Name of Instructor	Submitting ECF (✓, X, incomplete)
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