

**Examinations Peer Reviewing of the Program**

<b>Department:</b>	<b>Program:</b>
<b>Academic year:</b>	<b>Semester:</b> <input type="checkbox"/> First <input type="checkbox"/> Second
<b>Section:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Total Number of peer reviewed courses this semester:</b>	<b>courses</b>
<b>Total Number of complying courses:</b>	<b>courses</b>
	<b>%</b>

	<b>Code and NO</b>	<b>Course Instructor</b>	<b>Reviewer</b>	<b>NO of answer sheets</b>	<b>NO of the sample</b>	<b>Compliance (yes/no)</b>	<b>% of non complying sheets</b>
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**Approved,**  
**Examinations Peer Reviewing team**  
**Name:** -----