

Course examination Peer Reviewing Report

Department: -----	Program: -----
Course: -----	Code and NO: -----
Section: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Academic year: -----	Semester: <input type="checkbox"/> First <input type="checkbox"/> Second
Date of the exam: / /	Date of reviewing: / /
Total NO. of answer sheets: ----- sheets	NO. sheets drawn as a sample: ----- sheets*
Compliance of the sample (yes/no):	In case of no, NO of non complying sheets: --- sheets (%)
Correction of the non complying sheets (yes/no): -----	

Name of students	University number	Complying (yes/no)	Name of students	University number	Complying (yes/no)
1.			11.		
2.			12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

* 10% of the total answer sheets but not less than 5 students except when the total number sheets is less than 5

Course Instructor

Name: -----
Signature:-----

Reviewer

Name:-----
Signature: -----