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| **Doc.**  **300.3.3** | **Feedback Report****from EEC Experts**(Departmental) |
| **Date:** Date |  |
|  | * **Higher Education Institution:**

Name* **Town:** Town
* **School/Faculty:** School/Faculty
* **Department:** Department/Sector
* **Programme(s) of study under evaluation Name (Duration, ECTS, Cycle)**

**Programme 1****In Greek:** Programme Name**In English:**Programme Name**Programme 2****In Greek:** Programme Name**In English:**Programme Name**Programme 3** **In Greek:** Programme Name**In English:** Programme Name* **Department’s Status:** Choose status
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| The present document has been prepared within the framework of the authority and competencies of the Cyprus Agency of Quality Assurance and Accreditation in Higher Education, according to the provisions of the “Quality Assurance and Accreditation of Higher Education and the Establishment and Operation of an Agency on Related Matters Laws” of 2015 to 2021 [L.136(Ι)/2015 – L.132(Ι)/2021]. |

1. **External Evaluation Committee (EEC)**

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| --- | --- | --- |
| *Name* | *Position* | *University*  |
| FullName | Position | University |
| FullName | Position | University |
| FullName | Position | University |
| FullName | Position | University |
| FullName | Position | University |
| FullName | Position | University |

1. **Guidelines on content and structure of the report**

*The ΕEC based on the external evaluation report (Doc.300.3.1) and the Higher Education Institution’s response (Doc.300.3.2), must justify whether actions have been taken in improving the quality of the department in each assessment area.*

1. **Department’s academic profile and orientation**

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| **Sub-areas*** 1. **Mission and strategic planning**
	2. **Connecting with society**
	3. **Development processes**

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*EEC’s comments on the external evaluation report*

Click to enter text.

*HEI’s response*

Click to enter text.

*EEC’s final recommendations and comments*

Click to enter text.

**In case of incompatibility, provide information on whether actions have been taken on the following:**

1. **Coherence and compatibility among programmes of study offered by the Department.**
2. **Coherence and compatibility among Departments within the School/Faculty (to which the Department under evaluation belongs)**

Click to enter text.

1. **Quality Assurance**

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| **Sub-areas*** 1. **System and quality assurance strategy**
	2. **Quality assurance for the programmes of study**
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*EEC’s comments on the external evaluation report*

Click to enter text.

*HEI’s response*

Click to enter text.

*EEC’s final recommendations and comments*

Click to enter text.

1. **Administration**

*EEC’s comments on the external evaluation report*

Click to enter text.

*HEI’s response*

Click to enter text.

*EEC’s final recommendations and comments*

Click to enter text.

1. **Learning and Teaching**

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| **Sub-areas****4.1 Planning the programmes of study****4.2 Organisation of teaching** |

*EEC’s comments on the external evaluation report*

Click to enter text.

*HEI’s response*

Click to enter text.

*EEC’s final recommendations and comments*

Click to enter text.

1. **Teaching Staff**

*EEC’s comments on the external evaluation report*

Click to enter text.

*HEI’s response*

Click to enter text.

*EEC’s final recommendations and comments*

Click to enter text.

1. **Research**

*EEC’s comments on the external evaluation report*

Click to enter text.

*HEI’s response*

Click to enter text.

*EEC’s final recommendations and comments*

Click to enter text.

1. **Resources**

*EEC’s comments on the external evaluation report*

Click to enter text.

*HEI’s response*

Click to enter text.

*EEC’s final recommendations and comments*

Click to enter text.

1. **Conclusions and final remarks**

*The EEC must provide conclusions and final remarks.*

*EEC’s conclusions and final remarks as on the external evaluation report*

Click to enter text.

*HEI’s conclusions and final remarks*

Click to enter text.

*EEC’s conclusions and final remarks*

Click to enter text.

1. **Signatures of the EEC**

|  |  |
| --- | --- |
| *Name* | *Signature* |
| FullName |  |
| FullName |  |
| FullName |  |
| FullName |  |
| FullName |  |
| FullName |  |

Date: Click to enter date