



جامعة الإمام عبد الرحمن بن فيصل
IMAM ABDULRAHMAN BIN FAISAL UNIVERSITY
— عمادة الدراسات العليا —
Deanship of Graduate Studies

Consultant Form for Postgraduate Program

Program Name:.....

Degree:.....

Department:.....

College:.....

I : Consultant Personal Information

Name:

Academic Post:

Specialization:

Affiliation:

Address: Telephone: Fax: E-mail:

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(Please attach a CV)

To get the form in word format
You can scan the following barcode





II: Program Evaluation:

N	Topic	Rating			Comments / Proposed Amendments
		Excellent	Adequate	Needs Improvement	
1	Program Name				
2	Introduction: 2/1 Significance of program to the University and community				
	2/2 Ways followed in Specifying Program Name, Mission, Vision and Objectives				
	2/3 Department and Faculty Research Fields and Interests				
	2/4 Working Fields for Program Graduates				
	2/5 Naming of Programs Considered for Benchmarking or made use of				
3	Vision				
4	Mission				
5	Objectives of the program 5/1 Formulation of Objectives 5/2 Measurability				
	Justifications for Provision of the Program				
6	Admission Criteria				
8	Program Structure 8/1 Compulsory Courses				
	8/2 Specialized Courses				
	8/3 Elective Courses				
	8/4 Thesis or Research Project				
9	Graduation Requirements 9/1 Courses				
	9/2 Thesis /Research Project				
	9/3 Comprehensive Exam (if applicable)				
10	Facilities (Classes - Labs - libraries and Information Resources - Technology)				
11	Faculty (their numbers, qualifications)				



IV : Consultant Overall Opinion:

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V: Consultant Recommendation:

- Approval
- Approval upon minor modification proposed in (II&III).
- Non- Approval unless major modifications are implemented
- Non- Approval for stated reasons

Consultant Name:

Signature:

Date: