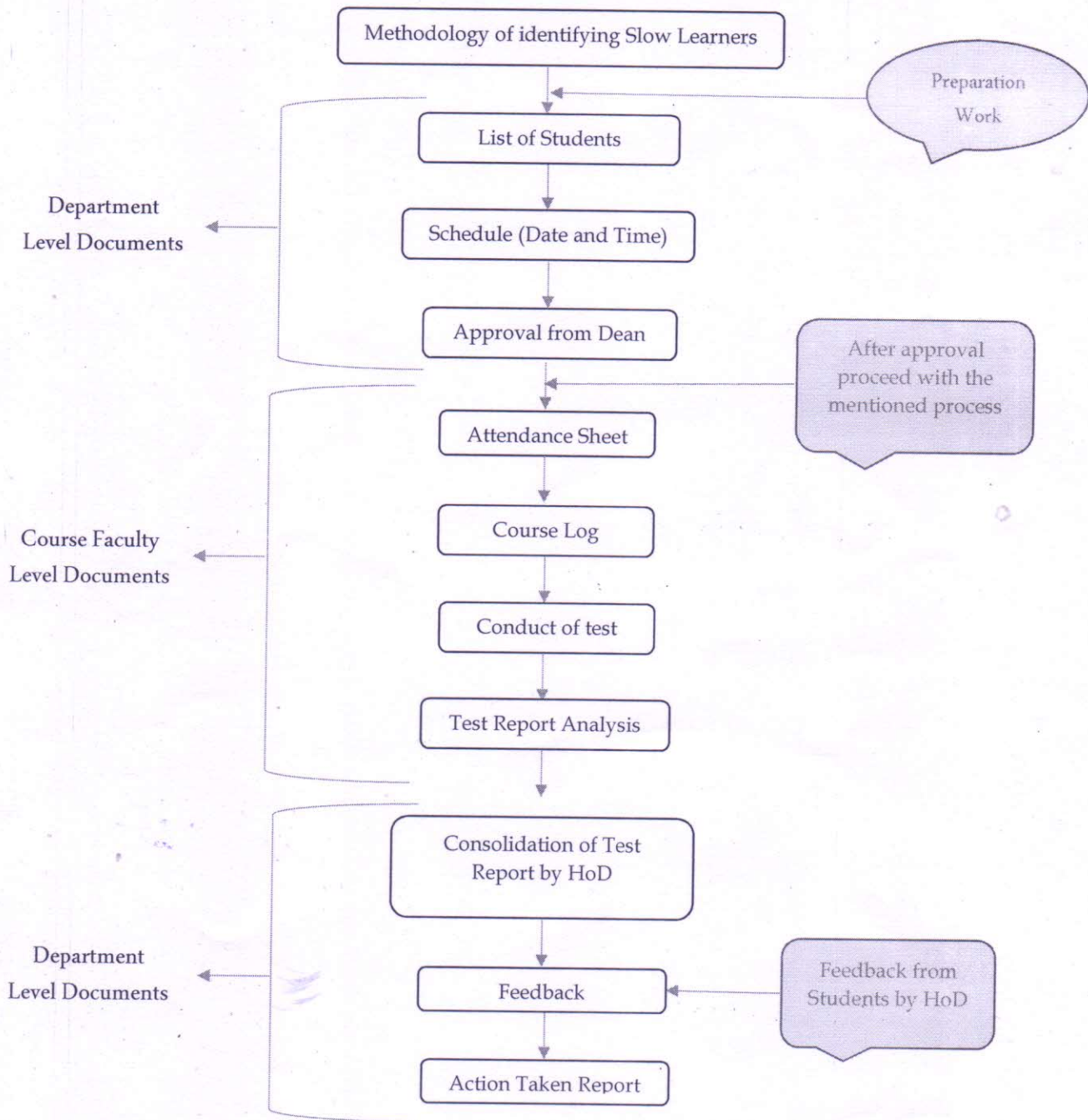


Procedure for Remedial Class



Dr. mmmmm
29/7/19
Director, IQAC

CHECK LIST FOR REMEDIAL CLASSES**(To be filed in the File No: 7)****Name of the Department:****Academic Year:**

Sl. No.	Particulars	Odd Semester			Even Semester		
		CIA – I	CIA – II	CIA – III	CIA – I	CIA – II	CIA - III
1	A write up detailing the methods of identifying slow learners to be filed						
2	List of Students						
3	Schedule (Date and Time)						
4	Approval Letter (from Dean)						
5	Attendance Sheet (Name List Course wise)						
6	Course Log						
7	Test Analysis Report - Consolidated						
8	Feedback from the students						
9	Action Taken Report						

Schedule for Remedial Classes

Name of the Department:

Programme: UG/PG

CIA – I / II / III

S.No.	Class	No. of the Students	Course Name	Course Code	Date	Time	Name of the Faculty In-charge

Signature of the HoD

Date

From

To

The Dean
Faculty of _____
Karpagam Academy of Higher Education
Coimbatore-21

Sir,

Sub: Seeking approval for conducting Remedial Classes- reg.

Enclosed please find the Schedule and List of students those who have failed in CIA Test -___. The remedial classes are planned for them in the FN/AN from to I request you to grant me permission for the same.

Thanking You

Yours sincerely

Enclosure:

1. Schedule for Remedial Classes
2. List of Students

Attendance Sheet for Remedial Class

Name of the Department:

Class / Programme:

Name of the Faculty In-charge:

Course Name and Code:

S.No.	Register No.	Name of the Student	Dates				

Signature of the Faculty In-charge

Signature of the HoD

Signature of the HoD

Test Analysis Report – Consolidated

Name of the Department:

CIA – I / II / III

S. No.	Class	Name of the Programme	Name of the Course with Code	No. of Students identified	Remedial Class Test			Pass Percentage	Signature of the Faculty In-charge
					No. of Students				
					Appeared	Passed	Failed		

HoD

Dean

IQAC