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| **1** | **Course title** |  |
| **2** | **Course number** |  |
| **3** | **Credit hours (theory, practical)** |  |
| **Contact hours (theory, practical)** |  |
| **4** | **Prerequisites/corequisites** |  |
| **5** | **Program title** |  |
| **6** | **Program code** |  |
| **7** | **Awarding institution**  |  |
| **8** | **School** |  |
| **9** | **Department** |  |
| **10** | **Level of course**  |  |
| **11** | **Year of study and semester (s)** |  |
| **12** | **Final Qualification** |  |
| **13** | **Other department (s) involved in teaching the course** |  |
| **14** | **Language of Instruction** |  |
| **15** | **Date of production/revision** |  |

**16. Course Coordinator:**

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**17. Other instructors:**

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**18. Course Description:**

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**19. Course aims and outcomes:**

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**20. Topic Outline and Schedule:**

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| **Week** | **Topic** | **Schedule** | **Assignments**(Done by every Sunday BEFORE class) |
| Day | Resources |
| 1 |  | Sun  |  |  |
| Tue |  |  |
| 2 |  | Thu |  |  |
| Sun |  |  |
| Tue |  |  |
| 3 |  | Thu |  |  |
| Sun |  |  |
| Tue |  |  |
| 4 |  | Thu |  |  |
| Sun |  |  |
| Tue |  |  |
| 5 |  | Thu |  |  |
| Sun |  |  |
| Tue |  |  |
| 6 |  | Thu |  |  |
| Sun |  |  |
| Tue |  |  |
| 7 |  | Thu |  |  |
| Sun |  |  |
| Tue |  |  |
| 8 |  |  |  |  |
|  |  |  |
|  |  |  |
| 9 |  | Thu |  |  |
| Sun |  |  |
| Tue |  |  |
| 10 |  | Thu |  |  |
| Sun |  |  |
| Tue |  |  |
| 11 |  | Thu |  |  |
| Sun |  |  |
| Tue |  |  |
| 12 |  | Thu |  |  |
| Sun |  |  |
| Tue |  |  |
| 13 |  | Thu |  |  |
| Sun |  |  |
| Tue |  |  |
| 14 |  | Thu |  |  |
| Sun |  |  |
| Tue |  |  |
| 15 |  | Thu |  |  |
| Sun |  |  |
| Tue |  |  |
| 16 | Final Exam |  |  |  |
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**21. Teaching Methods and Assignments:**

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| Development of ILOs is promoted through the following teaching and learning methods:* Blended Learning + Flipped Learning
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**22. Evaluation Methods and Course Requirements:**

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**23. Course Policies:**

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**24. Required equipment: (**Facilities, Tools, Labs, Training….)

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**25. References:**

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**26. Additional information:**

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| **Course Assessment:** * **Online Assessment (30)**
* **In-Class Assessment (70)**
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Name of Course Coordinator: -------------------Signature: ------------------ Date: ------------

Head of curriculum committee/Department: ----------------------------- Signature: ---------------------------

Head of Department: ------------------------------------------------------------ Signature: -----------------------

Head of curriculum committee/Faculty: ----------------------------------------- Signature: --------------------

Dean: --------------------------------------------------------- -Signature: -------------------------------------------