

**ENGLISH  
MEDICINE PROGRAM**

**20.. / 20..**  
**Academic Year**

**SPECIAL STUDY MODULE  
COURSE**

**PROGRAM  
EVALUATION  
and  
DEVELOPMENT  
REPORT**

**Prepared by:  
Special Study Module Board**

<b>MSKU FACULTY OF MEDICINE</b> <b>ENGLISH</b> <b>MEDICINE PROGRAM</b> <b>20../20..</b> <b>ACADEMIC YEAR</b> <b>SPECIAL STUDY MODULE COURSE</b> <b>PROGRAM EVALUATION AND DEVELOPMENT REPORT *,**,***</b>	
<b>Special Study Module Chairman</b>	
<b>Special Study Module Board Members</b>	1. 2. 3. 4. ..
<b>Phase and Committees in which the Special Study Module took place</b>	
<b>Special Study Module Names and Names of Instructors-Student Numbers</b>	1. 2. 3. 4. 5. 6. 7.
<b>Total Module / Instructor / Total Number of Students</b>	
<b>Course Code / Type / ECTS</b>	<b>Course Code:</b> <b>Course Type: Compulsory/ Elective</b> <b>ECTS:</b>
<b>Course Hours Total:</b>	
<b>How Does Special Study Module Affect Committee/Phase Grade/Point ?</b>	
<b>Comments on Comparative Student Exam Success</b>	1. 2. ..
<b>Student Feedback (Survey)</b>	<b>Positive Feedbacks:</b> 1. 2. ..
	<b>Issues Needing Development:</b> 1. 2. ..

<b>Student Feedback (Face to Face- Online-Open- Ended-Interview with the Dean- Coordinator Hour)</b>	<b>Positive Feedbacks:</b> 1. 2. ..
	<b>Issues Needing Development:</b> 1. 2. ..
<b>Instructors Feedback</b>	1. 2. ..
<b>Recommendations for Program Evaluation and Development:</b>	<b>Program Evaluation:</b> 1. 2. .. <b>Recommendations for Program Development:</b> 1. 2. ..

**Special Study Module Board Chairman / Deputy Signature:**

\*The report will be used by the Phase Coordinator and the Chief Coordinator for Program Evaluation and Development. Please send a copy of the report to the Phase Coordinator and a copy to the Chief Coordinator by e-mail.

\*\*Please leave a copy of the signed report to the student affairs staff for the relevant semester for archiving.

\*\*\*A copy of the signed version of the report will be kept at the Special Study Module Board.