



Quality Assurance Unit  
Higher College of Technology

### Operational Plan Feedback Form

Academic Year 2014/2015

Department/Unit: *Applied Sciences*

Your department's/Unit's Operational Plan draft number 2 has been reviewed by QAU.

The current status of your OP is:

- Approved
- Revision Required

If the need for revision is indicated above, please go through the OP wherein specific comments and feedback are inserted, and revise the OP accordingly.

Your revised draft should be submitted to us on or before \_\_\_\_\_.

Reviewer's (1) Name: YASIR LATIF Signature: \_\_\_\_\_

Reviewer's (2) Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Reviewer's (3) Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date review was completed: 29-09-2014

Received the OP after review: \_\_\_\_\_

Name of HoU / Departmental QA Coordinator: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_