# **كلية الهندسة وعلوم الحاسب**

Semi Annual Report

Committee/unit title

Semester………, Academic Year ……..

# **كلية الهندسة وعلوم الحاسب**

**A. Unit’s/Committee’s Details**

|  |
| --- |
| **1. Institution:**  |
| **2. College/ Department** |
| **3. Unit/Committee** |
| **4. Supervisor/Director:****Dr.**

|  |  |
| --- | --- |
| **Members** | **Position** |
| **1** |  | **Member** |
| **2** |  | **Member** |
| **3** |  | **Member** |
| **4** |  | **Member** |
| **5** |  | **Member** |
| **6** |  | **Member** |
| **7** |  | **Member** |

 |

# **كلية الهندسة وعلوم الحاسب**

**B. Mission, Goals and Objectives**

|  |
| --- |
| 1. **Unit’s/committee’s Mission Statement.**
 |
| 1. **List Unit’s/Committee’s Goals (**eg. long term, broad based initiatives for unit, if any**)**
 |
| 1. **List major objectives of the Unit within to help achieve the mission.**
 |

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**C. Unit’s/Committee’s Description:**

|  |
| --- |
|  |

# **كلية الهندسة وعلوم الحاسب**

**D. Activities of the Unit/Committee**

|  |  |
| --- | --- |
| **Activities list** | **Progress status****(Done or in progress)** |
|  |  |
|  |  |
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|  |  |
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|  |  |

# **كلية الهندسة وعلوم الحاسب**

**E. KPIs [Create your own KPIs or choose form the list of KPIs attached which are relevant to your Unit)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **KPI #** | **KPI** | **KPI** **Target****Benchmark** | **KPI****Actual****Benchmark** | **KPI****Analysis** | **KPI New****Target****Benchmark** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **Strengths and Recommendations:** |

# **كلية الهندسة وعلوم الحاسب**

**F. Unit/committee’s Action Plan Table**

Directions: Based on the “Analysis of KPIs and Benchmarks” provided in the above KPI and Assessment Table, list the recommendations identified and proceed to establish a continuous improvement action plan.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Recommendations** | **Actions** | **Assessment Mechanism****or Criteria** | **Responsible****Person** | **Start****Date** | **Completion****Date** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| Action Plan Analysis (List the strengths and recommendations for improvement of the Unit’s/Committee’s Action Plan. |

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1. **Approval**

**Unit’s/committee’s Chair Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Report Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dean/Department Head**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**