

**Summary of online class record**

Year………………. Semester……**…………**

Course title…………………………………………………………………….…………………………………………..……………………….…

Section………………………….……………………….……………. Number of students …………………………………….…..….

|  |  |  |  |
| --- | --- | --- | --- |
| Details as in the course’s TQF3 document | | Duration (hours) | Instructor’s signature |
| Dates | Topics |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

I hereby certify that the above instructor has fully completed his teaching duties in accordance with objectives specified in TQF3.

Signature …..…………………………………………………………

(.................................................................……)

Program Director

Date: ….…/..……/………..