

**Summary of online class record**

Year………………. Semester……**…………**

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

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

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| Details as in the course’s TQF3 document | Duration (hours) | Instructor’s signature |
| Dates | Topics |
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I hereby certify that the above instructor has fully completed his teaching duties in accordance with objectives specified in TQF3.

 Signature …..…………………………………………………………

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

 Program Director

 Date: ….…/..……/………..