



OVCA FORM 137: SYLLABI REVIEW CHECKLIST

COLLEGE: _____

SUBJECT: _____

ITEM/AREA	PRESENT	DOES NOT FOLLOW FORMAT	INCOMPLETE	MISSING	REMARKS
HEADER					
Institutional logo					
Name of College/Department					
FOOTER					
Institution's address					
College/Department logo					
COURSE INFORMATION					
Program					
Course code					
Course title					
Credit Units					
Number of hours					
Independent study					
Placement					
Prerequisite/s					
Co-requisite/s					
Course description					



ITEM/AREA	PRESENT	DOES NOT FOLLOW FORMAT	INCOMPLETE	MISSING	REMARKS
OUTCOMES					
Program Outcomes					
Institutional Outcomes					
Level Outcome					
Course Outcomes					
COURSE OUTLINE					
Learning Outcome					
Content					
Teaching-Learning Strategies					
Time Allotment					
Independent Study Hours					
Assessment					
LEARNING ENVIRONMENT					
RESOURCES					
COURSE REQUIREMENTS					
FINAL PRODUCT					
GRADING SYSTEM					
REFERENCES					
• Sources					
• Reference number					
SUBJECT TEACHER					
• Consultation hours					
• Venue					
SIGNATORIES					

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