

Form A: Curriculum Review Form-Local Partners

Reviewer's name & title: _____

1. Are the admission requirements for the program appropriate? ___Yes___No___N/A.
Please provide comments/suggestions:

2. Are the provided course descriptions informative and complete? ___Yes___No___N/A.
Please provide comments/suggestions:

3. Do the current offered courses give solid knowledge in wireless communications?
___Yes___No___N/A. Please provide comments/suggestions:

4. Does the current curriculum provide the graduates with enough knowledge and skills for future competitive and changing markets? ___Yes___No___N/A. Please provide comments/suggestions:

5. Does the reviewer see any redundancy in the program courses? ___Yes___No___N/A.
Please provide comments/suggestions:

6. Does the program provide the students with strong analytical background for continued formal education at the doctoral level? ___Yes___No___N/A. Please provide comments/suggestions:

7. Is the current master program based on industry defined needs? __Yes__No__N/A.
Please provide comments/suggestions:

8. Do the current master courses contribute effectively to an overall master program in wireless communications? __Yes__No__N/A. Please provide comments/suggestions:

9. Does the reviewer recommend any new courses to be included in the core curriculum?
__Yes__No__N/A. Please provide comments/suggestions:

10. Does the reviewer recommend any new courses to be removed from the core curriculum?
__Yes__No__N/A. Please provide comments/suggestions:

11. Do the course syllabi need any improvement? __Yes__No__N/A.
Please provide comments/suggestions:

12. Does the curriculum use appropriate and sufficient instructional methods? __Yes__No__N/A.
Please provide comments/suggestions:

13. Does the reviewer recommend any additional teaching-aid methods or tools?
__Yes__No__N/A. Please provide comments/suggestions:

14. Does the reviewer recommend any laboratory-based courses? __Yes__No__N/A.

Please provide comments/suggestions:

15. Does the current courses evaluation method measure the intended course objectives?

__Yes__No__N/A. Please provide comments/suggestions:

16. Is the current master degree program flexible enough to provide students with the possibility of enrolling in a joint or multiple degree programs? __Yes__No__N/A.

Please provide any comments:

17. Is the current number of students in the master program comparable to the number of students in a similar master program offered at your institute? __Yes__No__N/A.

Please provide any comments

18. In your view, please list the major strengths in the existing program.

19. In your view, please list the major weaknesses in the existing program.

20. Based on your review, please provide us with any final recommendations in order to improve the current master degree program.