**SECRETARY OFFICE OF ADVISORY COMMITTEES FOR COLLEGES & PROGRAMS**

**Approval of University Council No 46 Dated 22/04/1437**

**RESPONSE TO RECOMMENDATIONS OF THE EXTERNAL ADVISORY COMMITTEE**

**College: Program:**

**No. of meeting: Date & Time:**

**Recommendation No (From *the advisory committee Report*)**

**Statement of Recommendation:**

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 **Action Plan for Improvement**

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**The timeline for accomplish the recommendation:**

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| **Tasks** | **Duration** | **Months** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** |
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Date when Action Plan will begin. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date when Action Plan will be complete. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and position of person responsible for Action Plan

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and position of person responsible for supervision of Action Plan.

 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Head of department/V.D of Quality Dean

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Date Date

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