

**Quarterly Progress Report on Quality Assurance Activities of Faculty Quality Assurance Cells, Sabaragamuwa University of Sri Lanka**

(To be submitted to CQA, SUSL, at the end of each Quarter)

**Faculty :**

**Year :**

**Period of reporting:** first / Second / Third / fourth Quarter

1. **Workshops / awareness programmes / training programmes**

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Topic | Target group | No of participants |
|  |  |  |  |
|  |  |  |  |

*\*Please add rows as required*

1. **Other QA activities:**
2. **Meetings of Faculty Quality Assurance Cells:**

|  |  |  |
| --- | --- | --- |
| Meeting no | Date | No of participants |
|  |  |  |
|  |  |  |

1. **Any other remarks:**

Name of the faculty cell coordinator :

Signature :

Date of submission :