

ATTACHMENT 2 (k)

Field Experience Report

Kingdom of Saudi Arabia

**The National Commission for Academic Accreditation &
Assessment**

T7. Field Experience REPORT

**BSc Microbiology Program (40101)
2016-2017
(1437/1438)**

To be completed by the faculty or teaching staff member
at the end of each field experience.

Field Experience Report

Field Experience encompasses fieldwork, professional or clinical placements, internships and other forms of placement learning and applied learning that are part of the formal curriculum within the educational program. For direction on the completion of this template, refer NCAAAA guidebooks.

Institution: Umm Al-Qura University	Date of Report
College: Faculty of Applied Science	Department: Department of Biology
Program: BSc Microbiology (40101)	Track: N/A

A. Field Experience Course Identification and General Information

1. Field experience course title and code: (1)- Field Training (factories / quality control) (401492-6) (2)- Field Training (clinical laboratories) (401493-8) (3)- Field Training (401495-3)
2. Credit hours (if any) (1)- Field Training (factories / quality control) (401492-6) = 6 credit hours (2)- Field Training (clinical laboratories) (401493-8) = 8 credit hours (3)- Field Training (401495-3) = 3 credit hours
3. Name and title of faculty or teaching staff member responsible for the field experience. (1)- Dr. Alaa A. Mhidhir (2)- Dr. Hesham A. Malak (3)- Dr. Mohammad R. Monjed
4. Dates and times allocation of field experience activities. a. Dates: _____ b. Times: _____
5. Level or year of the field experience.
6. List names, addresses, and contact information for all field experience locations.

	Name and Address of the Organization	Name of Contact Person	Contact Information (email address or mobile)
1	National Water Company - Makkah		
2	Main Administration of Environmental Health - Makkah		
3	King Abdulaziz University Hospital - Jeddah		
4	King Abdulaziz Hospital - Makkah		
5	King Abdullah Medical City - Makkah		
6	King Saud Hospital – Unaizah		
7	Makkah Medical Centre - Makkah		

B. Field Experience Modifications or Adaptations from Planned Field Experience Specifications

	Reason for Modification	Action Taken	Responsibility	Implications for Future
Student Enrollment				
Field Teaching Staff				
Program Faculty or Teaching Staff				
Organizational Arrangements				
Required Activities				
Student Guidance and Support				
Learning Outcomes				
Other				

C. Results

1. Number of students starting field experience: 17

Student completing: 9

2. Distribution of Grades

Letter Grade	Number of Students	Student Percentage	Analysis of Distribution of Grades
A	8	47	
B	1	5.88	
C	0	0.0	
D	0	0.0	
F	0	0.0	
Denied Entry	0	0.0	
In Progress	0	0.0	
Incomplete	8	47	
Pass	9	52.94	
Fail	0	0.0	
Withdrawn	0	0.0	

2. Analyze special factors (if any) affecting the results

D Administrative Issues

1. Organizational or administrative difficulties encountered (if any)	2. Consequences of any difficulties experienced for student learning in the field experience.
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E Evaluation of Field Experience Activity

1. Student evaluation of the field experience (Attach summary of survey results).
a. List the most important recommendations for improvement and strengths
b. Response of instructor and field staff to this evaluation
2. Other Evaluation (eg. by head of department, peer observations, accreditation review, other stakeholders)
a. List the most important recommendations for improvement and strengths
b. Response of instructor and field staff to this evaluation

G Planning for Improvement

1. Progress on actions proposed for improving the field experience in previous field experience reports (if any).			
Actions recommended from the most recent field experience report(s)	Actions Taken	Action Results	Action Analysis
a.			
b.			
c.			
d.			

2. List what additional actions have been taken to improve the field experience (based on previous experience, reports, surveys, independent opinion, or evaluation).

3. Action Plan for Next Semester/Year				
Actions Recommended for Further Improvement	Intended Action Points (should be measurable)	Start Date	Completion Date	Person Responsible
a.				
b.				
c.				
d.				
e.				

Name of Instructor: _____

Signature: _____ Date Report Completed: _____

Name of Field Experience Teaching Staff _____

Program Coordinator: _____

Signature: _____ Date Received: _____