

Student Name:

ID. No.:

Signature:

Final Exam

Department:	-----	Academic Year:	1445 H	Semester:	1 st
Course Title:	-----	Course Code:	-----	Course Level:	----
Exam Date:	-----	Exam Time:	00:00 – 00:00	No. of Question:	----

Course Coordinator:

Question		Question Mark:	Student's Grade:	
No.	CLOs		(In Figures)	(In Words)
1				
2				
2				
3				
4				
5				
Final Exam Grade		40		
Coursework Grade:		60		
Total		100		
Course instructor:			Instructor's Signature:	Date:
Dr.				
Independent Evaluator:			Cross-Checker's Signature:	Date:
Dr.				
Remarks:				

Exam Guidelines

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Answer the following questions:

Question 1: (xx marks) [CLO]