



## WCE PANEL REPORT

(Form No. R-24)

| AY / TERM                      |          | COLLEGE                       |                                 |
|--------------------------------|----------|-------------------------------|---------------------------------|
| DATE(S) OF WCE                 |          | DEPARTMENT                    |                                 |
| Student Name/ID<br>No./Program | WCE Area | Examiner/Checker/<br>Reviewer | Result<br>(Passed/Failed)       |
|                                |          |                               | <input type="checkbox"/> PASSED |
|                                |          |                               | <input type="checkbox"/> FAILED |
|                                |          |                               |                                 |
|                                |          |                               | <input type="checkbox"/> PASSED |
|                                |          |                               | <input type="checkbox"/> FAILED |
|                                |          |                               |                                 |
|                                |          |                               | <input type="checkbox"/> PASSED |
|                                |          |                               | <input type="checkbox"/> FAILED |
|                                |          |                               |                                 |
|                                |          |                               | <input type="checkbox"/> PASSED |
|                                |          |                               | <input type="checkbox"/> FAILED |
|                                |          |                               |                                 |
|                                |          |                               | <input type="checkbox"/> PASSED |
|                                |          |                               | <input type="checkbox"/> FAILED |
|                                |          |                               |                                 |
|                                |          |                               | <input type="checkbox"/> PASSED |
|                                |          |                               | <input type="checkbox"/> FAILED |
|                                |          |                               |                                 |
|                                |          |                               | <input type="checkbox"/> PASSED |
|                                |          |                               | <input type="checkbox"/> FAILED |
|                                |          |                               |                                 |
|                                |          |                               | <input type="checkbox"/> PASSED |
|                                |          |                               | <input type="checkbox"/> FAILED |
|                                |          |                               |                                 |
|                                |          |                               | <input type="checkbox"/> PASSED |
|                                |          |                               | <input type="checkbox"/> FAILED |
|                                |          |                               |                                 |
|                                |          |                               | <input type="checkbox"/> PASSED |
|                                |          |                               | <input type="checkbox"/> FAILED |
|                                |          |                               |                                 |
|                                |          |                               | <input type="checkbox"/> PASSED |
|                                |          |                               | <input type="checkbox"/> FAILED |
|                                |          |                               |                                 |
|                                |          |                               | <input type="checkbox"/> PASSED |
|                                |          |                               | <input type="checkbox"/> FAILED |
|                                |          |                               |                                 |

Prepared by (Coordinator):

Approved by (Department Chair)

Signature over printed name /date

Signature over printed name /date