

VIRTUAL CLASSROOM(VC) MONITORING REPORT

Date	
Department	
College	
Campus	

Course Information

Course Category	
Degree Program	
Major	
Course Code	
Course Title	
Semester	
Academic Year	
No. of Virtual Classrooms	

Faculty

<i>VC Title</i>	<i>Offering Number/s</i>	<i>Last Name</i>	<i>First Name</i>

A. Attachments

- Faculty access logs
- Monitoring reports
- *Other attachments*

B. Monitoring Remarks

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Monitored by:

Signature over printed name

Department Head

Date: _____

C. Verification Remarks

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Verified by:

Signature over printed name

College Dean/Director of Academic
Affairs

Date: _____

Noted:

Signature over Printed Name

Head, IMD

Date: _____

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