



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			
VC Title	Offering Number/s	Last Name	First Name

A. Attachments

- Faculty access logs
- Monitoring reports
- Other attachments

B. Monitoring Remarks

Monitored by:

Signature over printed name

Department Head

Date: _____

C. Verification Remarks

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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