ព្រះរាជាណាចក្រកម្ពុជា
KINGDOM OF CAMBODIA
ជាតិ សាសនា ព្រះមហាក្សត្រ
NATION RELIGION KING
ពុទ្ធិកសាកលវិទ្យាល័យព្រះសីហមុនីរាជ

PSB UNIVERSITY CAMBODIA | INTERNATIONAL ASSOCIATION OF UNIVERSITIES

Date: 1st September 2025

VISITING TEACHER ACADEMIC RECORD & SUBMISSION FORM

1. TEACHING ENGAGEMENT

Teacher / Lecturer's Name _____
Program or course _____
Date/s _____
Number of students _____

2. TEACHING PLAN AND DELIVERY

Day 1
Date: _____ **Time:** _____ to _____
Topic / Content:

Learning Outcomes:

Teaching / Learning Activities:

Assessment / Learning Check, if applicable:

Day 2
Date: _____ **Time:** _____ to _____
Topic / Content:

Learning Outcomes:

Teaching / Learning Activities:

Assessment / Learning Check, if applicable:
Additional sessions may be recorded on the reverse or an attached continuation sheet.

3. TEACHING RECORD & REFLECTION

Student participation / engagement:
☐ Very Good ☐ Good ☐ Satisfactory ☐ Limited

4. ASSESSMENT AND GRADES

Assessment conducted: ☐ No ☐ Yes

Date: .....

Assessment type:
☐ Test ☐ Quiz ☐ Examination ☐ Assignment ☐ Presentation ☐ Project ☐ Other
Assessment title / description:
Attach an additional student results sheet where required.

5. ASSESSMENT EVIDENCE SUBMITTED

Please indicate the evidence accompanying this submission:
☐ Completed tests
☐ Quizzes
☐ Examination papers
☐ Assignments
☐ Projects
☐ Presentation assessment records
☐ Marking rubric / criteria
☐ Marking sheets
☐ Other: _____
Electronic file / folder reference, if applicable:

6. TEACHER DECLARATION

I confirm that:
☐ The teaching recorded above was delivered as stated.
☐ The assessment identified above was conducted as required.
☐ The grades submitted are accurate to the best of my knowledge.
☐ The assessment evidence supplied supports the grades awarded.
☐ I have identified any significant teaching or assessment issues.
☐ I have submitted the required documentation and evidence within **two calendar days of completing my on-site teaching engagement**, unless otherwise authorised by PSBU.

7. PSBU RECEIPT AND QA CHECK

Date received: _____
Received by: _____

Required Evidence	Received	N/A
Teaching plan / record	☐	☐
Assessment / grade information	☐	☐
Supporting assessment evidence	☐	☐
Teacher comments / observations	☐	☐

Submission Status

☐ **Complete**
☐ **Minor clarification required**
☐ **Additional documentation required**
☐ **Referred for academic review**

PSBU Reviewer: Dr Karl Meneghella
Signature: _____
Date: _____

Ngoun Sdechpheakdey
Vice Rector
Preah Sihamoniraja Buddhist University

Next Review Date: 17th December 2028