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|  | ***Module Moderator’s Report Form*** | | |
| **Academic Year** | |  |
| **Module Code** | |  |
| **Module Name** | |  |
| **Timetable slot** | |  |
| **Responsible Board of Examiners** | |  |

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| **To be completed by the Module Moderator (Chair of the Board of Examiners, or nominee) on behalf of the responsible Board of Examiners:** | | | | | |
| Number of assessment scripts reviewed | |  | | | |
| **Please confirm the following on behalf of the Board of Examiners.**  *Use*  *to tick. If you select “No” for any of these items, please give further comments.* | | | | | |
| * The work has been marked in accordance with School procedures | | Yes  No |  | | |
| * The marks awarded appear to be fair and appropriate | | Yes  No |  | | |
| * The assessment task was appropriate (inc. being at Masters’ level, and well-matched to the learning objectives and credit value of the module) | | Yes  No |  | | |
| * The marking guidelines given to markers were appropriate | | Yes  No |  | | |
| * The instructions and grade criteria given to students were clear and appropriate | | Yes  No |  | | |
| * The quality of feedback provided to students was appropriate | | Yes  No |  | | |
| * The most recent Annual Module Review and Action Plan available has been reviewed with respect to assessment issues | | Yes  No |  | | |
| Comments or outstanding issues to note from Annual Module Review and Action Plan, inc. any points to be added to new Action Plan | |  | | | |
| **Signature of Moderator** |  | | | | |
| **Name of Moderator** |  | | | **Date** |  |

***Please return this form to the relevant Taught Programme Director***

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| **To be completed by the responsible Taught Programme Director:** | |
| Issues to be taken to Module Organiser and/or the Chair of the Board of Examiners by Taught Programme Director |  |

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| **Signature of Taught Programme Director** |  | | |
| **Name of Taught Programme Director** |  | **Date** |  |

***Please return this form to the relevant Module Administrator and copy to the responsible Chair of the Board of Examiners***