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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* [x]  *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***