**External Examiner Programme Report 2019-20**

**Instructions for Completion**

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| **External Examiner Programme Report 2019-20** |

Section 1:

|  |  |
| --- | --- |
| Programme Title(s) |  |
| School |  |
| Year of delivery | 2019-20 | UG | Y/N | PGT | Y/N |

Section 2:

|  |  |
| --- | --- |
| Name |  |
| Institution |  |
| Position |  |
| Email  |  |

Section 3:

|  |  |  |
| --- | --- | --- |
| **Were you completely satisfied with:** | Yes | No |
| The final marks and/or degree classifications awarded? |  |  |
| The comparability of degree standards with those of other institutions? |  |  |
| The conduct of the Board of Examiners meeting? |  |  |
| The opportunities for discussion with staff? |  |  |
| The educational aims of the programme(s)? |  |  |
| The learning outcomes for the programme(s)? |  |  |
| The content of the programme(s)? |  |  |
| The coherence of the programme(s)? |  |  |
| The structure of the programme(s)? |  |  |
| The assessment schedule for the programme(s)? |  |  |
| The alignment between the learning outcomes and the assessment schedule? |  |  |

Section 4:

1. If you have responded “No” to any element of question 3, please complete columns one and two of the table below. Column three will be completed by the School and returned to you.
2. If you have any additional recommendations, please complete columns one and two of the table below. Column three will be completed by the School and returned to you.

|  |  |  |
| --- | --- | --- |
| Programme Title(s) | Recommendations | School Response (including, where relevant, measureable outcomes and target completion dates). |
|  |  |  |
|  |  |  |
|  |  |  |

Section 5:

If you have identified any exemplary practice which should be shared with the wider University, please complete columns one and two of the table below. Column three will be completed by the School and returned to you.

|  |  |  |
| --- | --- | --- |
| Programme Title(s) | Exemplary Practice | School Response (including dissemination plans and target completion dates). |
|  |  |  |
|  |  |  |
|  |  |  |

Section 6: Please print name and date below, and return in Word format by email to externalexaminers@qub.ac.uk.

|  |  |  |
| --- | --- | --- |
|  | Name | Date |
| External Examiner: |  |  |
| Programme Coordinator: |  |  |
| Director of Education/PGT: |  |  |
| Head of School: |  |  |