

**Supplementary External Examiner Report for ‘Modular Credit’/CPD Collaborative Provision**

**Academic Year: 2016-17**

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| **Name of External Examiner:**  **Home Institution of External Examiner:**  **Supplementary External Examiner Report for:**  (please insert course title, e.g. University Certificate , or module code/s and title/s)  **University of Worcester Institute:**  (eg. Health and Society, Worcester Business School, etc)  **Name of Partner Organisation (and/or site of delivery where appropriate):**  **Title of associated degree/CPD programme:**  (e.g. where module(s) form part of a degree/CPD programme) |
| **1. Academic Standards** |
| **2. Students’ performance** |

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| **3. Assessment** | |
| **4. Quality of teaching and learning as indicated by student performance (indicate whether there has been opportunity to visit partner organisation/meet with students)** | |
| **5. Recommendations for improving the provision based on your experience of examining:** | |
| **Issue/Good Practice** | **Response from the partner course team** |
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| **Additional commentary from course leader if applicable:** | |