**Annex 1**

**Annex to External Examiner’s Report**

**Review of taught modules**

1. Have you reviewed all the scripts? **Yes** **No**

2. If **No**, please give details of the sample used by filling the table below. This information is required for our records, in case there is a request for review by a student.

|  |  |  |
| --- | --- | --- |
| **Modules** | **ID of Scripts Reviewed** | |
| **1.** | **………………………….** | **………………………….** |
|  | **………………………….** | **………………………….** |
|  | **………………………….** | **………………………….** |
|  | **………………………….** | **………………………….** |
|  | **………………………….** | **………………………….** |
| **2.** | **………………………….** | **………………………….** |
|  | **………………………….** | **………………………….** |
|  | **………………………….** | **………………………….** |
|  | **………………………….** | **………………………….** |
|  | **………………………….** | **………………………….** |
| **3.** | **………………………….** | **………………………….** |
|  | **………………………….** | **………………………….** |
|  | **………………………….** | **………………………….** |
|  | **………………………….** | **………………………….** |
|  | **………………………….** | **………………………….** |

***[Please fill a second sheet if the sample size is greater than 10.]***

**PTO**

***January 2020***

|  |  |  |
| --- | --- | --- |
| **Modules** | **ID of Scripts Reviewed** | |
| **4.** | **………………………….** | **………………………….** |
|  | **………………………….** | **………………………….** |
|  | **………………………….** | **………………………….** |
|  | **………………………….** | **………………………….** |
|  | **………………………….** | **………………………….** |
| **5.** | **………………………….** | **………………………….** |
|  | **………………………….** | **………………………….** |
|  | **………………………….** | **………………………….** |
|  | **………………………….** | **………………………….** |
|  | **………………………….** | **………………………….** |
| **6.** | **………………………….** | **………………………….** |
|  | **………………………….** | **………………………….** |
|  | **………………………….** | **………………………….** |
|  | **………………………….** | **………………………….** |
|  | **………………………….** | **………………………….** |
| **7.** | **………………………….** | **………………………….** |
|  | **………………………….** | **………………………….** |
|  | **………………………….** | **………………………….** |
|  | **………………………….** | **………………………….** |
|  | **………………………….** | **………………………….** |
| **8.** | **………………………….** | **………………………….** |
|  | **………………………….** | **………………………….** |
|  | **………………………….** | **………………………….** |
|  | **………………………….** | **………………………….** |
|  | **………………………….** | **………………………….** |

***[Please fill a second sheet if the sample size is greater than 10.]***

**Signature: ………………………………. Date: ……………………….**

***January 2020***