

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

**Academic Year: 2016-17**

|  |
| --- |
| **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** |

|  |
| --- |
| **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**  |
|  |  |
|  |  |
|  |  |
| **Additional commentary from course leader if applicable:** |