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University of Sri Jayewardenepura

Faculty of Applied Sciences

Department of ---------------------------

**REPORT FOR THE INTERNAL AND EXTERNAL EXAMINERS**

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| The following documents along with the answer scripts should be provided to the **Examiner.**a) Exam paper and marking schemeb) Detailed course outline of the course unit being assessed |

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| **Degree Programme, Academic Year, and Semester** |  |
| **Subject Code and Title** |  |
| **Assessment Type** |  | **Date of Examination** |  |
| **Date Received**  |  | **Date of Handover** |  |

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| **Instructions to the Examiner** |
| Please complete the form providing information required below. |
|  |
| Name of the examiner: |  |
|  |
| To be completed by **External Examiners only** |
| Institution / Department |  |
| Official address |  | Email address |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | page1image1800803776Remarks |
| **To be completed by both internal and external examiners** |  |  | page1image1800814240 |
| Different assessments methods are incorporated to accomplish both ILOs and PLOs.  |  |  |
| Methods of assessments and marking are appropriate.  |  |  |
| Weightages are allocated for different ILOs. |  |  |
| Marking criteria are consistent, rigorous and impartial |  |  |
| Did you receive course outlines? |  |  |
| Did you receive information on different assessments methods?  |  |  |
| Did you receive scripts in sufficient time? |  |  |
| Method and general standards of marking are consistent and satisfactory |  |  |
| **To be completed by external examiners only** |  |  | page1image1800628672 |
| Assessment methods are in compliance with the policy of examination |  |  |
| Did you receive draft examination paper/s? |  |  |
| The nature and level of the questions were appropriate |  |  |
| Suitable arrangements were made to consider your comments |  |  |
| Any other comments: |
| I certify that the above observations have been made to the best of my judgment. |
| Signature of Examiner  |  | Date |  |

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| **Follow-up actions**  |
| Actions: |
| Signature  |  | Date |  |