

**Module Review Report**

This template should be completed by the Module Coordinator in line with the provisions on Module Review in the [Quality Monitoring and Evaluation Policy and Procedure.](https://www.stir.ac.uk/media/stirling/services/academic-registry/documents/Quality-Monitoring-and-Evaluation-Policy-and-Procedure-2022--23.docx)

# Key Information and Data

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| **Faculty and Division:** | Choose an item. |
| **Name of Module Coordinator:** |       |

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| **Module Code:** |       | **Module Title:** |       |

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| **Academic Year:** |       | **Semester:** | [ ]  Autumn | [ ]  Spring | [ ] Summer |

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| **Credit Value:** | Choose an item. | **Level:** Choose an item. | [ ]  UG[ ]  PG | **Requisites:** |       |

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| **Student Contact Hours:** | **Total:**      Lectures: Seminars:Other (Please specify):  |

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| **Assessment Methods:** give precise details including number, type and length of assessments and weightings      |

## **Distribution of Grades and other Outcomes**:

## Please complete as appropriate to the module, give the actual numbers in each

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| **UG** | Originally registered | 70-100 | 60-69 | 50-59 | 40-49 | 30-39 | 0-29 | X | Withdrawal | Total |
| No. |       |       |       |       |       |       |       |       |       |       |
| **PGT** | Originally registered | 70-100 | 60-69 | 50-59 | 40-49 | 30-39 | 0-29 | X | Withdrawal | Total |
| No. |       |       |       |       |       |       |       |       |       |       |

# Review

(These boxes will expand as you type)

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| 1. Review and reflect on the feedback from Module Evaluation Surveys       |

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| 2. Review and reflect on the feedback from External Examiners       |

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| 3. Review and reflect on the feedback from Student Staff Feedback Conversations       |

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| 4. Overall reflection on the module (including matters such as the continuing appropriateness of the curriculum in relation to the intended learning outcomes and assessment methods)        |

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| 5. Update on change and enhancement (please provide an update on progress in respect of changes or enhancements that were recorded as being planned in the last Module Review Report)        |

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| 6. New change or enhancement planned (please note any change or enhancement that is planned as a result of this Module Review and the timeline for this to be completed)        |

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| **Signature:**(Module Co-ordinator)**Signature:** (Head of Division/equivalent)   | **Date:** **Date:**  |