Faculty Quality Assurance Cell
Faculty of Technological Studies
University of Vavuniya
Second Examiner's Report

Section A: To be filled by the First Examiner

Department:……

Degree Programme:……....

Academic Year and Semester:……

Course Code:……..

Course Title:……...

Date of the Examination:……...

Date of Receiving Scripts from Head of Department:……...

Number of Students Sat the Exam:……

Date of Submitting Scripts to Head of Department:……..

Name of the First examiner:……..

Signature of the First Examiner:……

Signature of Head of Department:…….

Section B: To be filled by the Second Examiner

Name of the Second Examiner:……

Department:……..

Faculty:…….

University:……

Packet Receiving Date for Second Marking from Head of Department:……

Packet Handing over Date after Second Marking to Head of Department:……

No.	Statement	Yes	No	Comments if any
1	Have you been given sufficient access to all the candidates' answer scripts?			
2	Did the First Examiner follow the marking scheme while marking?			
3	Was there consistency in the First Examiner's marking?			

4	Was the failure rate acceptable, if any?			
5	Was the distribution of marks appropriate across all sections of the questions?			

Any other comments, suggestions, or recommendations? (please specify)

……

……

……

……

……

……

……

Signature of the Second Examiner:……

Section 3 - This section should be filled by the Head of the Department

Remarks from the Head of the Department (if any):

……

……

……

……

……

Signature of Head of Department:…….