**APPENDIX 3**

**Internal Verification Form: Assessment Decision of Assignment**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Programme title** |  | | | | |
| **Course unit code and title** |  | | | | |
| **Assignment title** |  | | | | |
| **Name of the unit assessor** |  | | | | |
| **Student Name and**  **EdHat Registration No.:** |  | | | | |
| **Marks awarded** |  | | | | |
| **Relevant learning outcomes / assessment criteria** |  | | | | |
| **Assessment criteria awarded by the unit assessor** | **Pass**  (C/B-/B Grading) | | **Merit**  (B+/A- Grading) | | **Distinction**  (A/A+Grading) |
| Has the unit assessor carried out the entire assessment activity in a fair and accurate manner? | Yes/No\* |  | | | |
| Has the unit assessor awarded appropriate assessment criteria for the evidences produced by the student? | Yes/No\* |  | | | |
| Has the unit assessor provided helpful feedback to the student for each assessment criteria awarded for this assignment? | Yes/No\* |  | | | |
| Does the unit leader recommend any changes to the assessment criteria awarded by the unit assessor and/or to the marks awarded? | Yes/No\* |  | | | |
| *\*In the case where the internal verifier records a “No” and states that corrective measures should be undertaken by the unit assessor, the former (the internal verifier) should ensure that the recommended measures have actually been accomplished satisfactorily by the latter (the unit assessor).* | | | | | |
| **Corrective measures to be undertaken:** | | | | | |
| **Unit assessor’s name and signature:** | | | | **Date:** | |
| **Unit leader’s name and signature:** | | | | **Date:** | |
| **Internal verifier’s name and signature:** | | | | **Date:** | |
| **Confirmation of corrective measures undertaken:** | | | | | |
| **Unit assessor’s signature:** | | | | **Date:** | |
| **Unit leader’s signature:** | | | | **Date:** | |
| **Internal verifier’s signature:** | | | | **Date:** | |
| **Programme coordinator’s signature:** | | | | **Date:** | |