**CANTERBURY CHRIST CHURCH UNIVERSITY**

**Timely Feedback**

**15 Day Variation Request Form**

The following form should be used to request planned variation on the return of formal feedback on summative assessment beyond the 15 working days specified by University policy. The rationale for any proposed extensions will need to be on the basis of substantive logistical reasons. This form should be completed by the Programme Director and submitted to the relevant Faculty Quality Committee (normally before the period of study).

**This form is not required for**:

* Exemptions covered by the Marking Procedures which are:
	+ Dissertations, extended projects, independent studies (usually work of a word equivalence of 5,000 words or more);
	+ Formal examinations supported by Planning and Academic Administration;
	+ Work submitted for Research Degrees and taught Doctorates;
	+ Negotiated Learning plans where students have an approved learning agreement in place;
	+ Work submitted after the deadline.

Key issues to note in requesting a deadline variation:

* Formal feedback on assessment is a key aspect for assessment for learning and as such must be timely. Feedback is important for enabling student development and progression. It should be given to students as soon as possible to enable students to review progress and to identify areas for improvement in future work.
* Typically reasons for requesting a variation would meet one or more of the following criteria:
	+ Complexity of the module/programme (multiple markers, campuses etc.);
	+ Assessment to marker ratio;
	+ Support for new HE staff undertaking first time marking responsibilities;
	+ Reasonable adjustment for a disabled member of staff (relevant details of the disability do not need to be identified on this form but must be discussed with the Head of School).

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| **PART 1 - To Be Completed By Programme Director (Or Equivalent)** |
| **1** | **Programme**   |  |
| **2** | **Programme /Pathway Director**  |  |
| **3a** | **Please tick to indicate whether this form is intended to cover an entire programme or one or more modules.**  |  | **Request for variation to whole programme** |  | **Request for variation to one or more modules** |
| **3b** | **Module title (s) *only where the requested variation is for one or more module(s)***  |  |
| **3c** | **Please indicate the number of modules on the programme and of those how many modules in total are covered by a 15-day variation.**  |  |
| **4** | **Venues**  |  |
| **5** | **Collaborative Partner (where relevant)** |  |
| **6** | **Most recent NSS / PTES score for the programme for ‘Feedback on my work has been timely (Question 10)** |  |
| **7** | **Start date and relevant cohort for proposed exemption (please note exemptions will only be approved for a period of one year; ongoing requests will need to be submitted annually).**  |  |
| **8** | **When do you propose formal feedback will be provided to students if not within 15 days of submission.**  |  |
| **9** | **Substantive rationale (see guidance above) for the proposed variation to the timely feedback deadline (Note: minutes should be available from the appropriate Programme meeting where the discussion and agreement took place)** |  |
| **10**  | **How will the proposed change impact the students’ ability to utilise feedback? (for example when is the next assessment due where students might need to utilise the feedback? How does this change relate to the overall programme assessment strategy?)**  |  |
| **11** | **How will the revised formal feedback deadline be communicated to students?**  |  |
| **12** | **How would you anticipate being able to address and realign to standard feedback deadline requirements over time? (For example are you reviewing assessment scheduling, assessment design, or use of technology?*)*** |  |
|  | **Programme/Pathway Director Signature** **(electronic signature is acceptable):** |  |
|  | **Date:**  |  |
| **PART 2 - To Be Completed By Head of School** |
| **13** | **What measures are being put in place to support the programme in realigning to standard feedback deadline requirements over time?**  |  |
|  | **In signing this form I am confirming that I have reviewed the impact on students and am confident this change is currently appropriate.****Head of School Signature** **(electronic signature is acceptable)** |  |
|  | **Date:**  |  |

-----For office use only----

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| **Faculty Decision** |
|  | **Approved**  |  | **Rejected (if rejected, reason for rejection):**  |
| **Faculty Director of Quality Signature** **(electronic signature is acceptable):**  |  |
| **Date:**  |  |