# External Examiner Non-Attendance Form

**LEEDS BECKETT UNIVERSITY**

(Delete as appropriate)

Franchise Provider (If Applicable)………………………………………………………………………

School: …………………………………………………………………………………………………..

Subject Area ……………………………………………………………………………………………

Progression and Award Board/Module Board

Course Title: ………………………………………………………………………………………….

Level: ………………………………………………………………………………………………….

Date of meeting :………………………………………………………………………………………

Comments (if applicable):

I confirm that I was unable to attend the meeting above. I have been consulted on and support the recommendations made.

Signed:…………………………………………………………………………………………………………

Print Name: …………………………………………………………………………………………………..

Date: ………………………………………………………………………………………………………..