**Completed forms should be sent to** [**QRS@ex.ac.uk**](mailto:QRS@ex.ac.uk)

** NOMINATION OF EXTERNAL EXAMINER**

**DETAILS OF PROGRAMME(S) -** (Please complete **separate** forms for each level of appointment)

|  |  |
| --- | --- |
| College Contact Details: |  |

|  |  |
| --- | --- |
| Partner Institution Contact Details: |  |

|  |  |
| --- | --- |
| College/Institution: |  |
| Discipline |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Campus *(delete as appropriate):* | Streatham | St Luke’s | Penryn | Partner location |

|  |  |  |  |
| --- | --- | --- | --- |
| Level of Award  *(delete as appropriate):* | Undergraduate | Postgraduate Taught | Postgraduate Research |

|  |  |
| --- | --- |
| Award(s) to be examined (e.g. PGCert, PGDip, BSc, MA, etc): |  |

|  |  |
| --- | --- |
| Programme(s) to be examined for which the External Examiner will act: |  |

|  |  |  |
| --- | --- | --- |
| If the appointment is for more than one programme, will an additional Annual report need to be completed (NB two reports = two payments) | Yes | No |

|  |  |  |
| --- | --- | --- |
| Name of any professional, statutory or regulatory bodies accrediting this programme (if any): |  | |
| Do the External Examiner’s qualifications meet the criteria set by the professional, statutory or regulatory bodies listed above? | Yes | No |

|  |  |
| --- | --- |
| Academic years to be covered by appointment (Externals will be appointed for four academic years unless otherwise stated) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Is the proposed examiner replacing a retiring examiner? *(delete as appropriate):* | | Yes | No |
| If **YES** - Name of retiring examiner/if this External Examiner is replacing more than one External Examiner please list both: |  | | |

|  |  |
| --- | --- |
| Confirm that the proposed External Examiner is from a different Institution than the outgoing External Examiner(s) as consecutive appointments are not permitted: | |
| Outgoing External Examiner(s): Institution name: | Nominated External Examiner:  Institution name: |

**College’s rationale for the proposal**

|  |  |  |  |
| --- | --- | --- | --- |
| Please provide a supporting statement: (**Please note - this is now mandatory)** | | | |
|  | | | |
| Does the nominee have previous experience as an external examiner?  *(delete as appropriate):* | | Yes | No |
| If **NO** – Provide the name and contact details of the Academic staff member who will act as mentor during the first year of appointment |  | | |

**DETAILS OF PROPOSED EXTERNAL EXAMINER**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surname: |  | Forename: |  | Title: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address for correspondence: |  | | |
|  | Post Code: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Telephone: |  | E-Mail: |  |

|  |  |
| --- | --- |
| **PLEASE CONFIRM THAT YOU HAVE ATTACHED A CURRENT CV ENSURING THAT ANY CURRENT OR RECENT EXTERNAL EXAMINER APPOINTMENTS ARE LISTED** |  |

|  |
| --- |
| Please indicate the nature of any reciprocal/collaborative work with College/Institution staff: |
|  |

|  |  |
| --- | --- |
| I can confirm that I accept this appointment which is offered subject to terms and conditions which will be sent to the nominated Examiner for agreement after receipt of this form *(signed by External Examiner)*: |  |

**NOMINATION APPROVED BY:**

**Partner Institution *(if appropriate)*:**

|  |  |  |
| --- | --- | --- |
| Head of Institution: | PRINT NAME | SIGNATURE |
|  |  |

**College**

|  |  |  |
| --- | --- | --- |
| *Delete as appropriate:* Associate Dean of Education  Associate Dean of Research/Deputy of Postgraduate Research Head of Centre | PRINT NAME | SIGNATURE |
|  |  |

**University**

|  |  |  |
| --- | --- | --- |
| Relevant Dean of Faculty: | NAME | Approval date |
|  |  |