**Completed forms should be returned to** **qrs@exeter.ac.uk**
**NOMINATION OF EXTERNAL EXAMINER**

# ADDITIONAL PROGRAMMES

**DETAILS OF CURRENT 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) being examined (e.g. PGCert, PGDip, BSc, MA, etc.): |  |

|  |  |
| --- | --- |
| Programme(s) being examined for which the External Examiner currently acts: |  |

**DETAILS OF ADDITIONAL APPOINTMENT**

|  |  |
| --- | --- |
| 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 under additional appointment: |  |

|  |  |
| --- | --- |
| Programme(s) to be examined under additional appointment: |  |

|  |  |
| --- | --- |
| Name of any professional, statutory or regulatory bodies accrediting the additional programme(s) (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 **additional** appointment (**NB Should not extend beyond the original appointment dates**): |  |

|  |  |
| --- | --- |
| How many reports will the External Examiner be required to complete i.e. one for each programme or will one report cover both/all (**NB 2 reports = 2 payments**): |  |

|  |  |  |
| --- | --- | --- |
| Is the proposed examiner replacing a retiring examiner? *(delete as appropriate):* | Yes | No |
| If **YES** - Name of retiring examiner(s): |  |

**College’s rationale for the proposal**

|  |
| --- |
|  Please provide a supporting statement: (**Please note - this is now mandatory)** |
|  |

**DETAILS OF EXTERNAL EXAMINER**

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

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

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

|  |  |
| --- | --- |
| I can confirm that I accept this additional appointment: *(signed by External Examiner)* |  |

|  |  |
| --- | --- |
| Date: |  |

**NOMINATION APPROVED BY:**

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

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

**College**

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

**University**

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