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

# EXTENSION TO CURRENT APPOINTMENT

**DETAILS OF CURRENT APPOINTMENT**

|  |  |
| --- | --- |
| 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) (e.g. PGCert, PGDip, BSc, MA, etc): |  |

|  |  |
| --- | --- |
| Programme(s) examined by the External Examiner: |  |

**DETAILS OF EXTERNAL EXAMINER**

(Please complete **separate** forms for each level of appointment)

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

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

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

|  |  |
| --- | --- |
| Academic Years covered by current appointment: |  |

|  |  |
| --- | --- |
| Academic Years to be covered by proposed extension: |  |

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

**College’s rationale for the proposal**

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

**APPOINTMENT EXTENSION 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 |
|  |  |