

**EXTERNAL EXAMINER (UNDERGRADUATE & TAUGHT POSTGRADUATE)**

**CHANGE TO APPOINTMENT FORM**

**SECTION A – DETAILS OF EXTERNAL EXAMINER**

|  |  |  |  |
| --- | --- | --- | --- |
| **A1** | Name and Title |  | |
| **A2** | Home Institution/ Employer |  | |
| **A3** | Correspondence address |  | |
| **A4** | Email address |  | |
| **A5** | Telephone number |  | |
| **SECTION B – CURRENT REMIT** | | | |
| **B1** | Title of programme(s)(and/or course(s) | | Course Code |
|  |  | |  |
|  |  | |  |

SCHOOL/SUBJECT:

|  |  |
| --- | --- |
| **B2** |  |

**SECTION C – CHANGE REQUESTED**

|  |  |
| --- | --- |
| Programme Change | **YES/NO**  If YES, complete sections **D and F** |
| Extension to Appointment | **YES/NO**  If YES, complete sections **E and F** |

The School/Subject confirms that they have received agreement from the external examiner and that they agree to an extension and/or a change to their appointment.

**SECTION D - PROPOSED CHANGES TO PROGRAMMES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Title of programme(s) (and/or course(s)) | Course Code | No. of credits  (UG ONLY) | No. of Students  (PGT ONLY) |
|  |  |  |  |  |
|  |  |  |  |  |

**REVISED REMIT DATES**

|  |  |
| --- | --- |
| **Effective from date** |  |
| **Effective to date** |  |
| **Current appointment due to end date** |  |

**SECTION E – REASON FOR EXTENSION OF TENURE**

*Please provide a rationale for requesting an extension of tenure, for example:*

* *Changes in roles and responsibilities of programme staff so that extending the period provides continuity.*
* *There are few academic staff with sufficient subject knowledge available within the UK and it is therefore difficult to make an appointment while avoiding reciprocal arrangements and more time is needed to recruit a new examiner.*
* *More than one External Examiner appointment is ending and the School/Subject Area wishes to avoid appointing two new examiners for the same period. An extension to one appointment would provide continuity and an induction for the new examiner.*
* *The programme is being discontinued and extending the external examiner’s appointment would cover the teaching out period.*

*Please note these are for guidance only and other reasons will be considered.*

|  |
| --- |
| **This section must be completed:** |

**REVISED APPOINTMENT DATES**

**The appointment can only be extended for ONE year**

|  |  |
| --- | --- |
| **Effective from date** |  |
| **Revised end Date** |  |

**SECTION F – SIGNATURES**

|  |  |
| --- | --- |
| **PERSON NOMINATING** |  |
| Signature |  |
| Name: |  |
| Position: |  |
| Date: | |
|  | |
| **Approval by Head of School (or authorised representative)** | |
| Signature |  |
| Name |  |
| Position (if not Head of School) |  |
| Date: |  |
| Date forwarded to Academic Policy & Governance |  |
|  | |
| **If any exemptions from the standard appointment criteria are requested:**  **Approval by Clerk of Senate:** | |
| Signature |  |
| Date: |  |

|  |  |
| --- | --- |
| **Senate and Court Approval - Endorsed on behalf of the Senate and the University Court** | |
| Signature |  |
| Name |  |
| Date |  |
| Proposed Fee | per annum |