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| Application for Extension of Period of Appointment for an Approved External Examiner for Taught Programmes and Modules |  |

This form should be completed by a Faculty when proposing an approved External Examiner extension of appointment for a fifth year. Extensions are only approved in exceptional and/or unforeseen circumstances.

*Prior to completing the form, the guidance on the University’s requirements around External Examiner appointments should be consulted.*

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| **Section 1 – External Examiner Details** | |
| **Name of External Examiner:** | |
| **Current Institution:** | **Current Post:** |
| **Please indicate which programme(s) and module(s) the extension is being sought for:** | |
| **Please provide details (including dates, department and institution), of any current or pending External Examiner appointments for a university or other body:** | |

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| **Section 2: Extension Details** | | |
| Period of extension being sought: (12 months maximum) | | |
| **From:** | | **To:** |
| **Is the External Examiner willing to undertake an extension of appointment?**  Yes  No  Not yet approached | | |
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| **Rationale for extension of the appointment**  (Please supply full details) | | |

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| **Section 3: Faculty Signatures** |
| **Programme Director**  Signature by the Programme Director to confirm that to the best of his/her knowledge the above information is accurate. |
| Signed:  Name:  Date: |
| **Dean of Faculty**  Signature by the Dean of Faculty to confirm that they have reviewed the proposal and endorse it at Faculty level. |
| Signed:  Name:  Date: |

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| **Faculty administrator contact:**  Name: |

***Please return the signed form to the Timetabling, Exams and Graduation Team at*** [***TEG@stir.ac.uk***](mailto:TEG@stir.ac.uk)

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| **Section 4: Institutional Approval** | |
| **4.1 Timetabling, Exams and Graduation Manager** | |
| **Comment:** | |
| **Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date:** |
| **4.2 To be Completed by the Deputy Principal (Education and Students)** | |
| **The extension is approved/not approved\***  (\*delete as appropriate) | |
| |  | | --- | | **Comment:** | | |
| **Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date:** |

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| **Academic Registry Use Only** | |
| Outcome of nomination communicated to Faculty: | **Yes 🞏 No 🞏** |
| EEX record created on SITS: | **Yes 🞏 No 🞏** |
| EEA record created on SITS: | **Yes 🞏 No 🞏** |
| Letter of appointment emailed to External Examiner: | **Yes 🞏 No 🞏** |
| Outcome of nomination communicated to Faculty: | **Yes 🞏 No 🞏** |
| **Please upload this form against EEX record on SITS** | |