NCG External Examiner Change of Duties

Version 1 – January 2017



**HE Quality and Standards**

This form should be used to propose a change to existing external examiners duties. The form should be word-processed and all sections completed. Please write *N/A* or *None* where appropriate.

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| **Name of Curriculum Area and Division** |  |

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| **1** | **Name of Proposed Examiner** |  |
| **Title** *(e.g. Mr, Mrs, Ms, Prof, Dr, other)* |  |
| **Address for Correspondence**(preferably personal address and not employment) |  |
| **Telephone No** |  |
| **E-mail Address** |  |
| **Present Post & Institution** |  |
| **Date of Original Appointment** |
| **From** |  | **To** |  |

|  |  |
| --- | --- |
| **2** | **Current Role** (to include Module Subject areas and/or Awards and Levels of Awards involved)**:**  |
| **Is this current role to continue?** |  | **If NO, what date will it end?** |  |

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| --- | --- |
| **3** | **Approval Requested for the Following** (state any extra subject areas in which modules are to be examined and state any extra awards to be examined)**:**  |
| **Anticipated Total Number of Modules to be Examined at this moment in time** |  |

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| --- | --- | --- |
| 4 | **Date changes will become effective from:** |  |
| **Reason for this Application:**  |

|  |  |
| --- | --- |
| **5** | **External Examiner Team** |
|  | Give details of other proposed/approved External Examiner(s) with whom this existing External Examiner will work: |
|  | **Name** | **Date of Expiry of Tenure** | **Institution** |
|  |  |  |  |

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| --- | --- |
| **Name:**  | **Chair of External Examiner Committee** |
| **Signed:**  |
| **Date:**  | **External Examiner Committee Approval** |

**Submission of Form:**

This completed form should be submitted to HE Registry for approval by the External Examiner Committee.

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| **IMPORTANT NOTE****Please attach an up-to-date version of the Nominee’s curriculum vitae (CV) to support consideration of this application** |