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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***

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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) |
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| **Comment:** |

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| **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** |