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| **External Examiner Proposal Form****Undergraduate and Postgraduate** **Taught Programmes** |  |

*This form should be completed by a Faculty when proposing a new External Examiner appointment. The completed form should be signed by the Faculty academic staff proposing the appointment and the Dean of Faculty should also sign the form to confirm their endorsement of the proposal.*

*Prior to completing the form, the* [*guidance on the University’*](https://stir.sharepoint.com/%3Ab%3A/s/weblinks/ESXrnMkXH5NNmgg_NXCDU3QBvPHvY8_YUEt0BlDoVGqw6g?e=DngdJh)*s requirements around External Examiner appointments should be consulted.*

*A* [*separate form*](https://stir.app.box.com/file/258635537448) *is available for extensions to External Examiner appointments, please contact* *externalexaminers@stir.ac.uk* *for further information.*

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| **Section 1 – Programmes/Modules to be Examined** |
| **Programme(s) to be examined:** |

**Module(s) to be examined along with the SCQF level:**

(External Examiners should only be involved at level 9 and above)

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| **Module** | **Level** | **Module** | **Level** | **Module** | **Level** |
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| **If the proposal is for modules below level 9 please indicate why an External Examiner is required:** (External Examiners should only be involved in modules below level 9 for professional accreditation or statutory purposes) |
| **Name(s) of Boards of Examiners to which the External Examiner is to be appointed (e.g. Module Board):**  |
| **Duration of appointment:** (please note that the duration of External Examiner appointments is normally four years and appointments normally begin on 1st September and end on the 31st August for UG appointment and 30th November for PGT appointments)*If the proposed duration of appointment is less than four years, please state the reason for this.*

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| **Is the proposed appointment for an existing programme/module?** Yes [ ]  No [ ]  |
| **If yes, which current External Examiner would this appointment replace?** |
| **If no, when is the new programme/module expected to be approved?** |
| **Section 2 – Proposed External Examiner Contact Details** |
| **Surname:**  |  |
| **Employing Institution (Name, Department and Address):** |
| **Position held:** |
| **Email address:**  |

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| **Section 3-External ExaminerCriteria for appointment** |
| **3.1: Conflict of Interests**  |

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| Is the nominee a member of a governing body or committee of the University of Stirling or one of our collaborative partners, or a current employee of the University of Stirling or one of its collaborative partners? | **Yes** [ ]  **No** [ ]  |
| Is the nominee in a close professional, contractual or personal relationship with a member of staff or student involved with the programme of study? | **Yes** [ ]  **No** [ ]  |
| Is the nominee required to assess colleagues who are recruited as students to the programme of study?  | **Yes** [ ]  **No** [ ]  |
| Would the nominee be anyone who is, or knows they will be, in a position to influence significantly the future of students on the programme of study? | **Yes** [ ]  **No** [ ]  |
| Is the nominee anyone significantly involved in recent or current substantive collaborative research activities with a member of staff closely involved in the delivery, management or assessment of the programme(s) or modules in question? | **Yes** [ ]  **No** [ ]  |
| Is the nominee a former member of staff or student of the University of Stirling, if so have at least 5 years elapsed and have all the students taught by or with the External Examiner completed their programme of study? | **Yes** [ ]  **No** [ ]  |
| Is the nominee from a department where a Stirling member of staff is also serving as an External Examiner? | **Yes** [ ]  **No** [ ]  |
| Would the appointment result in the succession of an External Examiner by a colleague from the examiner’s home department and institution? | **Yes** [ ]  **No** [ ]  |
| Would the appointment result in more than one External Examiner from the same department of the same institution being appointed? | **Yes** [ ]  **No** [ ]  |

***If the answer is yes to any of the above then please provide an explanation in Section 3.3 as to why an exception should be made to the nomination of this External Examiner.***

***Any concerns regarding a potential conflict of interest should also be provided along with information on arrangements to address this.***

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| **3.2 Terms of Office**  |
| **Please provide details (including dates, department and institution) of any current, previous or pending External Examiner appointments held by the proposed External Examiner:** |

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| **3.3 Supporting Information****Please attach a copy of the proposed External Examiners CV to this form.** |
| **Does the nominee hold a PhD?** Yes [ ]  No [ ] *If no, please provide details below on the individual’s experience and qualifications and how these are appropriate to the level of the qualification being externally examined. Where the individual has extensive practioner experience this should also be detailed.*  |
| **Provide evidence on how the nominee meets the person specification as detailed in the guidelines on the University’s requirements around External Examiner appointments.****Details of competence and experience in the fields covered by the programme of study/module(s) should be provided. (Please continue on a separate sheet if necessary).**  |

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| **Section 4: Proof of Right to Work** |
| The University is legally required by the UK government to check permission to work in the UK for staff paid on a fees basis.**Following acceptance, HR will conduct an online ID check. Once this has been completed, the examiner will be sent their log in details.****No work can be undertaken until this check has been completed.**  |

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| **Section 5: 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 completed form to the Academic Quality & Governance Team:*** externalexaminers@stir.ac.uk

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| **Section 6: Institutional Approval** |
| **6.1 Academic Quality & Governance Team Check** |
| **Comment:** |
| **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date:**  |
| **6.2 Deputy Principal (Education and Students)** |
| **Comment:** |
| **The nomination is approved/not approved\*** (\*delete as appropriate) |
| **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date:**  |