



Application for Approval of an External Examiner

This form should be used to propose new appointments. Part I should be completed by the nominating member of staff, Part II and Part IV by the proposed examiner. Authorising signatures are required in Part III. If a section is not applicable, please use n/a. External Examiners are required to provide an annual written report. They can be appointed to a Progression and Awards Examination Board. The completed form should be returned to the RU Assistant Registrar.

RU Division

Proposed Examiner: **title** **surname** **initial/s**

Part 1 Background to Nomination

1. Context of proposal Summary of rationale for proposed appointment; this should also include a justification where variation from the normal procedure/criteria for appointment is being proposed.

2. Subject(s) with specialism where relevant

3. Proposed period of tenure In order to assess four successive cohorts of students and be available to deal with any subsequent reviews of decision External Examiners will normally be appointed for a period of four years.

Term of appointment to day mth year day mth year

4. Examiner to be replaced Newly appointed External Examiners will take up appointments on or before the retirement of their predecessors.

Name **position**

Place of work

**Term
of
appoint
ment**

to

day mth year day mth year

If appointment terminated before completion, please give date

day mth year

Part II Details of proposed examiner

6. Higher Education
College(s)/University/ies **qualification(s) gained** **date**
attended

7. Present post If retired please give last post, with dates
Present/last position **from** **to**
Present/last place of
work

8. Employment
Employer **post** **from** **to**

9. Professional qualifications
Professional Body **qualification(s)/membership status** **date**

Part III	Authorisation
	Signature of proposed Examiner _____ date _____
	Signature of internal proposer _____ date _____
	Signature of Chair of RU SLT Committee _____ date _____
Date of Senate Teaching and Learning Committee approval	

CONFIDENTIAL

Part IV	Personal details of proposed examiner
	The information in this section is for administrative use only.
1.	Full name Title Forename(s) Surname
2.	Date of birth
3.	Work address
4.	Work telephone number
5.	Home address
6.	Telephone number
7.	Please indicate preferred address for correspondence work home
8.	Email address
9.	Date of completion