external examiner extension form

This application should be typed or submitted using clearly legible handwriting. Please ensure all relevant sections have been completed.

part i: Request for extension

To be completed by the Programme Lead or Liaison Manager.

1. EXAMINER DETAILS

|  |  |
| --- | --- |
| Name of External Examiner: |  |
| **Examiner’s home institution:** |  |
| **Faculty:** |  |
| **Programme Lead / Liaison Manager:** |  |

2. EXTENSION DETAILS

Please indicate (by completing the correct section) if this is an extension of duties or time.

|  |  |
| --- | --- |
| Is extension by: | Duties [ ]  Time [ ]  |

To complete extension by duties section, please [click here](#duties).

To complete extension by time section, please [click here](#time).

2.1 EXTENSION BY DUTIES

Please give details of any awards to be added and if any new duties are accredited or recognised by a professional or statutory body.

2.1.1 Programme details

Please extend the table as necessary.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Award | Course code | Full titles of programmes/ modules to be examined | Level(e.g. 4, 5, 6, 7) | **Length**Full/part-timeShort/30 month |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

2.1.2 Start date for extension of duties

|  |  |
| --- | --- |
| From: Click here to enter a date. | To: Click here to enter a date. |

2.1.3 Reporting month

Please give the date when the first annual report for the extended duties will be due from this external examiner:

|  |  |
| --- | --- |
| **Month** | **Year** |
|  |  |

NOTE: *most UG External Examiners will report after Examination Committees in June/July; most PGT External Examiners will report after the winter Examination Committees; but arrangements may differ for collaborative arrangements. Please check when the examination committee for this programme/s will be held and ensure the date entered above is aligned with this.*

2.2 EXTENSION BY TIME

Please give details of the current tenure and the proposed extended tenure.

**Original tenure dates**

|  |  |
| --- | --- |
| From: Click here to enter a date. | To: Click here to enter a date. |

**Extension dates**

|  |  |
| --- | --- |
| From: Click here to enter a date. | To: Click here to enter a date. |

3. REASON FOR EXTENSION

Please note, External Examiners can only be extended by time in exceptional circumstances – please refer o the relevant section of the Quality & Standards Handbook.

|  |  |
| --- | --- |
| Has the External Examiner confirmed agreement to the extension? | Yes [ ]  No [ ]  |
| Please give the reason for this extension application, including any impact on other member of the external examining team. Please ensure that you have considered any impacts on the workload of the External Examiner. |

part ii: Approval

To be completed after appropriate committee action.

1. Recommended by the Programme Lead / Liaison Manager

Subject Committee to seek advice from Academic Policy & Quality Office as appropriate.

*On behalf of the Subject Committee, I confirm that the rationale for this external examiner extension meets the requirements of the University's regulations for external examining.*

|  |  |  |  |
| --- | --- | --- | --- |
| Programme Lead/Liaison Manager | Print name |  | Signature |
|  |  |  | Date |

2. Approval of extension by the Faculty Academic Enhancement & Standards Committee, or Faculty Quality & Learning Infrastructure Committee

*On behalf of the Faculty AESC/QLIC, I confirm that the rationale for this external examiner extension meets the requirements for external examining set out in the Quality & Standards Handbook.*

|  |  |  |  |
| --- | --- | --- | --- |
| Chair of Faculty AESC/QLIC | Print name |  | Signature |
|  |  |  | Date of signature |
| Faculty AESC/QLIC  |  | Date of reporting |

3. Completed extension form to be forwarded to the Academic Policy & Quality Office for processing by Faculty link Quality Assurance Officer

|  |  |  |  |
| --- | --- | --- | --- |
| Quality Assurance Officer | Print Name |  | Signature |
|  |  |  | Date |

4. Completed extension form to be approved by Chair of University Quality & Learning Infrastructure Committee

|  |  |  |  |
| --- | --- | --- | --- |
| Chair of University QLIC | Print Name |  | Signature |
|  |  |  | Date |

Once approved, an External Examiner will be sent confirmation of their extension by APQO; and a copy of these extension details will be sent to the relevant Programme Lead/Liaison Manager.