# [Logo of University of East London](https://www.uel.ac.uk/)EXTERNAL EXAMINER APPOINTMENTS

**RE-ALLOCATION/EXTENSION APPLICATION**

|  |  |  |
| --- | --- | --- |
| **Type of Application (please indicate with a tick)** | |  |
| **Re-Allocation of Duties** |  | |
| **Extension** |  | |

|  |  |  |
| --- | --- | --- |
| **Appointment of Examiner** | |  |
| **Lead Examiner**  **(please state which School Award Board the nominee will be appointed to)** |  | |
| **Department Examiner**  **(please state the department the nominee will be appointed to)** |  | |

**Appointment of Course**

**(The following section is to be completed for Collaborative Courses only.)**

|  |  |
| --- | --- |
| **Title of Course** |  |
| **Collaborative Partner** |  |

**Name of external examiner:**

|  |  |
| --- | --- |
| **Family name** |  |
| **Forename(s)** |  |
| **Title** |  |

**External examiner reallocations must be vetted by the School Quality Committee and then approved on behalf of Education & Experience Committee.**

**If you have any queries about how to complete this form, please contact the External Examiners Administrator in the Quality Assurance & Enhancement Office.**

**THIS FORM MUST BE COMPLETED ELECTRONICALLY - YOU CAN DOWNLOAD A COPY OF THE FORM FROM THE FOLLOWING WEBSITE:**

[**https://www.uel.ac.uk/discover/external-examiner-system**](https://www.uel.ac.uk/discover/external-examiner-system) **SECTION A – REALLOCATION OF DUTIES**

A1 Modules currently being examined

|  |  |
| --- | --- |
| **Modules for which the examiner currently has particular responsibility (please specify occurrence code against each module e.g. 3U distance learning or partner occurrence codes.)** | **Average No of students** |
| |  |  |  | | --- | --- | --- | | **Module Code** | **Module Title** | **Occurrence Code** | |  |

THE REMAINDER OF SECTION A TO BE COMPLETED BY THE SCHOOL

A2 Proposed Additional Modules

|  |  |
| --- | --- |
| **Modules for which the examiner will have particular responsibility**  ***(Please complete below the information regarding additional modules to be examined)*** | **Average No of students** |
| |  |  |  | | --- | --- | --- | | **Module Code** | **Module Title** | **Occurrence Code** | |  |

A3 Proposed Removal of Modules

|  |
| --- |
| **Please complete, if relevant, the information regarding modules to be removed from an examiners contract** |
| |  |  |  | | --- | --- | --- | | **Module Code** | **Module Title** | **Occurrence Code** | |

A4 Date Effective From

**Please confirm the date this re-allocation is effective from:**

A5 Rationale for proposal

|  |
| --- |
|  |

A6 Examiner to be replaced – only complete this section when applicable.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** |  | | | |
| **Position** |  | | | |
| **Place of work** |  | | | |
| Start date | **Month** |  | **Year** |  |
| **End date** | **Month** |  | **Year** |  |
|  | | | | | |

SECTION B - EXTENSION OF APPOINTMENT

B1 Current dates of appointment

|  |  |
| --- | --- |
| Start date | **[Date]** |
| End date | **[Date]** |

B2 Period of proposed extension

|  |  |
| --- | --- |
| Start date | **[Date]** |
| End date | **[Date]** |

B3 Rationale for proposal (TO BE COMPLETED BY THE SCHOOOL)

|  |
| --- |
|  |

SECTION C – ADMINISTRATIVE INFORMATION

C1 Name of person who may be contacted to discuss application

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | | |
| **Extension** |  | **Email** |  |

C2 Fee

|  |  |  |  |
| --- | --- | --- | --- |
| **Proposed fee** |  | Project code |  |

C3 Signature supporting nomination (Head of Department)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | | |
| **Signature** |  | Date |  |

C4 Signature of budget holder indicating approval of proposed fee (Dean of School)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | | |
| **Signature** |  | Date |  |

C5 Signature indicating approval (School Leader for QA)

*This section should only be signed after school vetting*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | | |
| **Signature** |  | Date |  |

|  |  |
| --- | --- |
| Please state the date that the nomination was considered by school quality committee. *If approved via Chair’s Action (CA) please give the date of the meeting that will note the CA taken.* |  |

C6 Approval on behalf of Education & Experience Committee

*This section should only be signed after approval by the External Examiners Sub-Committee*

|  |  |  |  |
| --- | --- | --- | --- |
| **Chair of External Examiners Sub-Committee** | Philip Brimson | | |
| **Signature** |  | Date |  |