**EXTEND APPOINTMENT OF MODULE EXTERNAL EXAMINER FORM**

**SECTION A: Current Module External Examiner**

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| --- | --- | --- | --- | --- | --- |
| Name: |  | | | | |
| Current job title: |  | | | | |
| Current affiliation: |  | | | | |
| Faculty/School/Department: |  | | | | |
| Current Period of Tenure: |  | From: |  | To: |  |
| Extension Period: | *Note: Maximum period of extension is*  ***one year*** | From: |  | To: |  |

**OTHER CURRENT external examiner appointments**

|  |  |  |
| --- | --- | --- |
| ***From - To*** | ***Institution*** | ***Programme and Level*** |
| YY – YY |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**SECTION B: Modules and Programmes of Study**

1. List of modules (not including Level 7 dissertation/project modules worth 60 credits or more) to be examined by the proposed external examiner:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Module code and name | Credit | Level | Module code and name | Credit | Level |
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1. Is the examiner to be responsible for Level 7 dissertation/project modules (Part II)? **YES / NO**

If so, please provide details.

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| --- | --- | --- | --- |
| Module code and name | Credit | Module code and name | Credit |
|  |  |  |  |
|  |  |  |  |

1. Full title of programme(s) (including HN awards) to which modules contribute.

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| --- | --- | --- | --- |
| Programme(s) | Delivered by Partner?  If **YES**, please identify\* | Apprenticeship programme **YES / NO** | Named staff Contact &  Academic Discipline |
|  |  |  |  |
|  |  |  |  |

\* List every programme for each partner as the external examiner will be required to provide a separate report for each one

1. Does this extension of tenure of appointment replace another External Examiner whose tenure is ending? If so, please provide details:

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**SECTION C: Case for requesting extension**

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| *Requests for extending the appointment of an external examiner will only be granted where an exceptional case can be made that satisfies the Academic Standards Committee.* |

Is the external examiner still eligible to be an external examiner according to the University’s regulations (see External Expertise Protocol) and in line with the QAA UK Quality Code for Higher Education Advice and Guidance: External Expertise? **YES / NO**

(Advice may be sought from the Academic Office on this matter).

Has the external examiner agreed to the extension of appointment? **YES / NO**

**SECTION D - External Examiner fee**

**Information required for the continued calculation of the External Examiner fee.**

**Number and total credit value of modules. For modules delivered more than once per annum and/or delivered at more than one location and overseen by the same External Examiner, please indicate the number of cohorts per year in relation to each module as this may have an impact upon the annual fee. Please append additional information where required.**

|  |  |  |
| --- | --- | --- |
|  | **Number of modules** | **Total credit value** |
| Level 4 |  |  |
| Level 5 |  |  |
| Level 6 |  |  |
| Level 7 Part I |  |  |
| **Total** |  |  |

|  |  |  |
| --- | --- | --- |
| Level 7 Part II  dissertation / project |  |  |

Please give the name(s) of any other external examiner(s) responsible for modules in the programme(s) of study.

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All module external examiners are required to attend the institution once during the academic year to meet staff and students (electronically or in person); this may coincide with the date of the Examining Board or be undertaken at a mutually convenient date. Module external examiners are not required to attend Examining Boards but at least one external examiner must be present at each Examining Board; if it is not possible to secure attendance by at least one module external examiner, a procedural external examiner will be asked to attend the Examining Board. Please indicate below any additional attendance requirements, showing number of extra days and purpose. Additional attendance is normally exceptional, and used for purposes such as observing teaching practice, or attending exhibitions or performances for assessment purposes. Please see the External Expertise Protocol for further information regarding expectations for attendance/visits.

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Please add any further information you feel is necessary for the setting of an appropriate fee.

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**SECTION E - Authorisation**

**Academic Discipline approval**

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| --- | --- |
| Academic Director |  |
| Signature |  |
| Date |  |

**Institute approval**

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| --- | --- |
| Dean (or pp. Dean’s representative) |  |
| Signature |  |
| Date |  |

The completed form should be sent to the Quality Assurance section of Academic Office (email: [AOexternals@uwtsd.ac.uk](mailto:quality@uwtsd.ac.uk)) for consideration.

**THIS FORM IS ALSO AVAILABLE IN WELSH**