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| **EXTERNAL EXAMINER: APPLICATION FOR EXTENSION TO TERM OR DUTIES**  TO BE COMPLETED BY HEAD OF DEPARTMENT |

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| **Part 1 – External Examiner Details** | | | | | | | |
| 1. **Name of External Examiner** | | | | | | | |
| **Title** |  | **Forename(s)** | |  | **Surname** | |  |
| 1. **Position** | |  | | | | | |
| 1. **Institution** | |  | | | | | |
| 1. **Current Duties:** | | | | | | | |
| * 1. **Programme(s)** | |  | | | | | |
| * 1. **Module(s)** | |  | | | | | |
| * 1. **Location(s)** | |  | | | | | |
| 1. **Current Term of Office:** | | | **From** | 20XX/XX | | **To** | 20XX/XX |

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| **Part 2: Details of Extension** | | | |
| 1. **This application if for an extension to:** | | **Term of Office** | **Duties** |
|  |  |
| 1. **Extension to Term of Office until (date):** | |  | |
| 1. **Extension to Duties:** | | | |
| * 1. **Programme(s)** |  | | |
| * 1. **Module(s)** |  | | |
| * 1. **Location(s)** |  | | |
| 1. **Please provide below a rationale for the requested change** | | | |
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| **Part 3: Departmental Approval** | | | |
| *I confirm that the external examiner has been consulted on the proposed extension of duties and/or term of office and has confirmed their willingness to participate as recorded above.* | | | |
| **Signature** |  | **Date** |  |

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|  | **Head of Department** |  |  |

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| **Department of:** |  |

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| **Part 4: Institutional Approval** | | | | | | |
| **Received by AQSC** | **Date** |  | ***Received by:*** |  | | |
| *On consideration of the evidence provided in support of the nomination:*   1. *I approve the extension to term/duties of the above named person as an External Examiner of Lancaster University.* 2. *Further information is required before a decision on extension to term/duties can be made, as detailed below.* 3. *I do not approve the extension to term/duties of the above named person as an External Examiner of Lancaster University on the grounds detailed below*. | | | | | |  |
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| **Signature** |  | | | **Date** |  | |
| **University Academic Dean** | | | |  | | |

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| **PLEASE RETURN THIS FORM TO** [**externalexaminers@lancaster.ac.uk**](mailto:externalexaminers@lancaster.ac.uk) |