

**Application for an Extension of Appointment or Additional Duties (for approved External Examiners or Moderators for a taught course)**

This form should only be used to propose modifications to an existing External Examiner’s appointment. A separate form is available to propose new appointments.
The completed form should be returned to the Head of School for agreement and then sent to Margaret Chaffey in the Academic Quality Unit. This form should be completed not less than 12 months before the date of the first additional assessments with which the External Examiner will be associated. Please complete all sections. If a section does not apply, enter N/A.

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** |  | **Name/Home Institution of External Examiner** |  |
| **Nature of Modification** |
| 1. **Extension of appointment**
 | Yes / No  |
| Current dates of appointmentPeriod of proposed extension or period for which additional duties will be required | From: To:From:To: |
| 1. **Additional duties**
 | Yes / No |
| Is this collaborative provision | Yes / No |
| Present duties - e.g. all current course(s), specific modules, etc, allocated to this External Examiner duties (seek advice from AQU) |  |
| Additional duties - give full details of additional course(s), module(s) codes and number of credits, introduction of collaborative work or addition to partners involved etc, to be covered |  |
| Is an additional exam board required | Yes / No |
| Is a separate External Examiner report required for these additional duties (seek advice from AQU) | Yes / No |
| **Name of Course Leader /UW School** |  |
| **Rationale for proposal** |  |
| **Changes agreed by External Examiner in advance that they are prepared to take on the additional duties (please attach email confirmation or electronic signature to this form)** | Email attached - Yes / NoElectronic signature attached – Yes / No |
| **Changes agreed by Head of School** **(please attach email confirmation or electronic signature to this form)** | Email attached – Yes / NoElectronic signature attached – Yes / No |
| **Form agreed by Head of School and External Examiner to be returned** **to** **Margaret Chaffey** **in the Academic Quality Unit** |

|  |
| --- |
| **For completion by AQU Officer** |
| **Comments from Academic Quality Unit** |  |
| **Approved by Committee Member on behalf of ASQEC** **(Any comments or clarification required?)** | Approved / Not ApprovedDate:  |
| **Approved by Chair of ASQEC, Director of Quality and Educational Development** **(Any comments or clarification required?)** | Approved / Not ApprovedDate:  |
| **Approved by Vice Chair of ASQEC****(Academic Registrar)** | Approved / Not ApprovedDate:  |