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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** |