**University of St Andrews**

**Proposal for the Appointment of New External Examiner**

Schools are responsible for ensuring that nominations for External Examiners are consistent with the University’s Policy on External Examining <https://www.st-andrews.ac.uk/policy/academic-policies-quality-and-standards-external-examiners/external-examining.pdf>

Please complete the following details and email the form, together with a **one page CV** to

[external@st-andrews.ac.uk](mailto:external@st-andrews.ac.uk)

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| --- | --- | --- | --- |
| **SCHOOL** |  | | |
| **DEPARTMENT** |  | **Date** |  |

|  |  |
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| **1** **DETAILS OF PROPOSED EXAMINER** | |
| **Full Name** |  |
| **Title** |  |
| **Qualifications** |  |

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| --- | --- |
| **2** **DETAILS OF COURSE/SUBJECT AREA** | |
| **Course Title/Subject Area** *(State the* ***modules*** *and/or programmes to which the Examiner is being appointed)* | |
| *[Where a single integrated programme is taught across two or more Schools, agreement on the nomination must be obtained from the lead School prior to submission of the nomination].* | |
| **Level\*** | Undergraduate Postgraduate Undergraduate & Postgraduate |

\* delete as appropriate

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| **3** **DETAILS OF HOME INSTITUTION** *[Note: if the External Examiner is resident abroad, the Head of School must confirm that the School will pay travelling expenses and also outline the arrangements for consultation with the External]* | |
| **Name of Institution** |  |
| **Post** |  |

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| **4** **PROPOSED PERIOD OF TENURE** *(normally 4 years [1 Oct to 30 Sept] with exceptional extension of 1 year)* |
| *[Note: Externals are not eligible for reappointment unless five consecutive years have elapsed since last appointment]* |

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| **5** **PROPOSED FEE LEVEL FOR FIRST YEAR OF APPOINTMENT** | | | |
| *(For PGT examiners, please state if you wish to pay a flat fee (state amount) or use the standard formula – currently £30 per student, £10 per dissertation)* | | | |
| UG | £ | PGT | Flat Fee\* £ Formula*\** |
| Cost Centre Code | |  | |

\* delete as appropriate

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| **6** **EXAMINER TO BE REPLACED BY THIS APPOINTMENT** | |
| **Full Name** |  |
| **Post/Place of Work** |  |
| **Period of Tenure** |  |

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| **7 CURRENT EXTERNAL EXAMINER APPOINTMENTS HELD BY PROPOSED EXAMINER***(if any)*  *[Note: External Examiners should not hold more than two appointments at any one time]* | |
| **Name of Institution** | **Dates of Tenure** |
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| **8 CONFLICTS OF INTEREST** | |
| Are there any potential conflicts of interest with this appointment?  *(Please refer to the University’s External Examining Policy at*  <https://www.st-andrews.ac.uk/policy/academic-policies-quality-and-standards-external-examiners/external-examining.pdf>  *If yes, please provide an explanation* | Yes No\* |

\* delete as appropriate

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| **9 QUALIFICATIONS AND EXPERIENCE** |
| *[Does your nominee meet the criteria in terms of qualifications and experience as set out in the External Examiner policy?]* |
| Yes No\*  *If no, please provide an explanation* |

\* delete as appropriate

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| **10** **CONTACT DETAILS OF PROPOSED EXAMINER** | |
| **Full Address** |  |
|  |  |
|  |  |
| **Telephone Number** |  |
| **Email Address** |  |

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| --- | --- | --- | --- |
| Submitted by |  | | *Head of School/on behalf of HoS\** |
| Position *(if not Head of School)* | |  | |

*A signed hard copy is not required provided it has been emailed by an authorised officer in the School*

\* delete as appropriate