

**Amendment to duties / term extension of a Module External Examiner for Undergraduate and Taught Postgraduate courses.**

To be completed by Course Director or designated Primary Contact.

All fields marked with an asterisk MUST be completed. Incomplete forms will be returned until a complete version is submitted.

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| **Amendment to duties / term extension***Please select ONE of the boxes* |
| Amend duties |[ ]  Extend term |[ ]  Both |[ ]

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| **Section 1 – CCCU Primary Contact Details***This person will be the EE’s Primary Contact responsible for all course-related induction, communication and support during the full term of appointment* |
| Title and name:\*  |  |
| Current position:\* |  |
| Faculty:\* |  |
| School:\* |  |
| Email address:\* |  |

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| **Section 2 – External Examiner Personal Details** |
| Title and name:\*  |  |
| Current employer/institution:\* |  |
| Faculty / Department\*(HE and FE staff only) |  |

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| **Section 3 – Amendment to duties***Complete this section if you are adding/removing modules or short courses to/from External Examiner duties.*  |

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| **Duration of Amendment to Duties** |
| Academic year from which amendment to duties will begin\* *e.g., 2020-21* |  |
| Length of time\* | Rest of Contract [ ]  | 1 Academic Year [ ]  | Other [ ]  |
| If ‘Other’ please state for how long and provide brief explanation |  |

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| **CURRENT MODULES examined** |
| Module code\* | Title of Module(s)\* | Credits\* | Level\* | Samples reviewedY/N\* | Collaborative Partner name\* (If none, write N/A) | Campus\* | Type of change\* |
| Remove module (Y/N) | Extend term (Y/N) |
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NOTE: The column headed ‘Samples reviewed’ indicates modules for which the nominee is expected to review samples of assessment. All modules, including those at level 0 and level 4, are allocated to an External Examiner to enable consultation where a modification is proposed but not all modules will have samples to be reviewed.

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| **ADDITIONAL MODULES to be examined** |
| Module code\* | Title of Module(s)\* | Credits\* | Level\* | Samples reviewedY/N\* | Collaborative Partner name\* (If none, write N/A) | Campus\* | Name of EE being replaced\* *(if no, write N/A)* |
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| **CURRENT SHORT COURSE(S) examined** |
| CourseCode\* | Title of Short Course and Award\* | Course Director\* | Campus\* | Type of change\* |
| Remove course (Y/N) | Extend term (Y/N) |
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| **ADDITIONAL SHORT COURSE(S) to be examined** |
| CourseCode\* | Title of Short Course and Award | Course Director\* | Campus\* | Name of EE being replaced\**(If not applicable, write N/A)* |
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| **Section 4 – Extension of term***Complete this section if you are extending beyond standard 4-year term.*  |
| Extension\*  | 1-year [ ]  | Less than 1-year [ ]  |
| If less than 1-year, please state for how long\*  |  |
| Please provide a brief explanation for the extension\* |  |

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| **Section 5 - Fee calculation***To be completed if amendments made to duties. For extension of term only, fee remains unchanged.*  |
| Total number of credits to be examined\**(Please do NOT include non-examinable credits in this total)* |  |
| Number of short courses |  |
| Number of **half-days** attendance per year on essential partner or campus site visits agreed with External Examiner as part of this role. *Site visits must be University business within the UK. Working hours only and will not include attendance at Boards of Examiners as these are held remotely*. |  |
| Site visits *(please list)* |  |

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| **Section 6 – Authorisation of the Nomination**  |

The nominee has confirmed a willingness to serve and is not included in any categories or circumstances listed in [Restrictions in Appointment.](https://www.canterbury.ac.uk/quality-and-standards-office/external-examiners/information-for-staff.aspx) The nominee has not been a member of staff or a student at Canterbury Christ Church University within the last five years.

I confirm that approval of this appointment would not create a reciprocal arrangement with a cognate programme at another institution.

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| **COURSE DIRECTOR PRINTED NAME\*** |  |  |  |
| **COURSE DIRECTOR SIGNATURE\*** |  | **DATE\*** |  |

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| **HEAD OF SCHOOL PRINTED NAME\*** |  |  |  |
| **HEAD OF SCHOOL SIGNATURE\*** |  | **DATE\*** |  |

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| **FACULTY DIRECTOR OF QUALITY NAME\*** |  |  |  |
| **FACULTY DIRECTOR OF QUALITY SIGNATURE\*** |  | **DATE\*** |  |

Please return completed form along with a copy of the candidate’s CV to your Faculty Quality Office. Digital signatures accepted.

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Faculty Quality Office ONLY

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| Submitted to Quality and Standards Office external-examiners@canterbury.ac.uk  | **DATE\*** |  |