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| **UoE_Crest_Workmark** |
| **College of****Science and Engineering** | **Nomination Form for the Appointment of Undergraduate and Postgraduate** **Taught External Examiners** |

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| **Notes for completion of form** |
| Both the College and Schools are responsible for ensuring that the nominations are consistent with University and College policies, with particular reference to the University’s Code of Practice on External Examining: [www.ed.ac.uk/academic-services/quality/external-examining](http://www.ed.ac.uk/academic-services/quality/external-examining).The School should return this completed form to: **DeanQA@ed.ac.uk** **Please ensure that you attach a copy of the nominee’s eligibility to work document and a current CV. The latter must outline relevant learning and teaching experience.** |

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| **1. Proposed External Examiner Details** |
| Name and Title (*e.g.* Professor) of proposed External Examiner |  |
| Institution |  |
| Department |  |
| Address for Correspondence |  |
| Email Address |  |
| Phone number |  |
| Name of External Examiner to be replaced by this appointment, if applicable |  |
| Does the External Examiner have previous experience as an External Examiner in the University of Edinburgh? If yes, please state years of service and dates.  |  |
| **2. Is an up-to-date CV, that specifically highlights teaching related experience, enclosed with the nomination?** *Schools may choose to prepare the CV* | YES N NO   |
| *If no CV is enclosed please give reasons*  |
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| **3. Please indicate if this is a new appointment, or an extension.**(The normal length of appointment is four years) |
| New Appointment |   |
| Extension *(total appointment, including extension, should not exceed five years. Extensions are only possible in exceptional circumstances)* |  |

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| *If the nomination is an application to extend the External Examiner’s term of appointment to a total of five* *years, please provide a statement in support of this exceptional extension* |
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| **4. Period of Appointment requested***(Contracts usually start on 1 August and end on 31 October (UG) or 30 November (PGT)* |
| Length of Appointment *(Number of Years)* |  |
| Start Date |  |
| End Date |  |

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| **5. If this is a new appointment, has the nominee been an External Examiner at the University in the last five years?** *(Excludes viva assessments for PGR students)* | YES NO   |
| *If yes, please state the relevant programmes and indicate why reappointment is requested.* |
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| **6. For all appointments, please tick the relevant box** |
| 6.1. Has the nominee acted as an external examiner for taught programmes/courses, for another HE institution? If yes, please detail below. If no, please enclose a mentoring statement. | YES NO   |
| 6.2. Does the Nominee have more than two current external examining commitments (including the current nomination)? | YES NO   |
| 6.3. Is the proposed Nominee from the same institution as the previous External Examiner, or any other external examiner engaged by the School? | YES NO   |
| 6.4. Is anyone working in the same discipline at this University serving as an External Examiner in the department of your nominee? | YES NO   |
| 6.5. Has your nominee held a teaching, research or honorary post at the University of Edinburgh during the past five years? | YES NO   |
| 6.6. Does your nominee meet the criteria in terms of expertise and experience as set out in the University’s Policy on External Examining? [www.ed.ac.uk/files/atoms/files/externalexaminerstaught.pdf](http://www.ed.ac.uk/files/atoms/files/externalexaminerstaught.pdf)  | YES NO   |

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| *If the answer to 6.1 of the above questions is YES, please note the nominee’s current, or most recent, position.**If the answer to 6.2 – 6.5 of the above questions is YES, please provide an explanation* *If the answer to 6.6 of the above questions is NO, please provide an explanation* |
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| **7. Undergraduate Programmes/Courses** |
| **Programmes and/or Courses for which external examiner will be responsible** *(Please list all codes and names. Please complete all columns.)* |
| Code | Name(s) | Number of Students | Credits  | Honours?*Yes/No* | Other External Examiner(s)?*Yes/No* |
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| **8. Postgraduate Taught Programmes/Courses** |
| **Programmes and/or Courses for which external examiner will be responsible** *(Please list all codes and names. Please complete all columns)* |
| Code | Name(s) | Number of Students | Other External Examiners? *Yes / No* | Involved with dissertations *Yes/No* |
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| Head of School’s Signature | Head of School’s Name (block caps) | Date |
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| **College Office Use** |
| Date Nomination approved by College |  |
| School informed of College Approval |  |
| Details added to College database |  |
| Date appointment letter, Human Resources Form 95 and P46 sent to External |  |
| Signed contract returned |  |
| Copy sent to Human Resources |  |