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**Nomination for the NEW appointment 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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| **Section 1 – CCCU Primary Contact Details**  *This 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 – Proposed External Examiner Personal Details** | |
| Title and name:\* |  |
| Current position:\* |  |
| Current employer/institution:\* |  |
| Faculty / Department\*  (HE and FE staff only) |  |
| Email address:\* |  |
| Telephone number:\* |  |

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| **Section 3 – Appointment Details** | | |
| Starting academic year\* *e.g. 2021-22* |  | |
| Duration of appointment: | **4 years** | |
| Is the nominee eligible to act as a Progression and Award Examiner?\*  *(This is only to record eligibility, it is not a nomination for that role)* | Yes | No |
| Does the nominee replace an existing External Examiner?\* | Yes | No |

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| Course code\* | Title of Course(s)\* | Calendar taught\* | Course Director\* | Collaborative partners\*  *(If none write N/A)* | ALT\* (If none write N/A) | Campus\* |
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| Module code\* | Title of Module(s)\* | Credits\* | Level\* | Samples reviewed  Y/N\* | Campus\* | Name of EE being replaced\* |
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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.

\*\*If there is no EE replacement write N/A. Please do not leave this column blank.

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| Short courses to be examined (if none, leave blank) | | | |
| Course  Code\* | Course name and award\* | Course Director\* | EE being replaced\* |
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| How does the nominee meet the [criteria for Module External Examiner](https://www.canterbury.ac.uk/quality-and-standards-office/external-examiners/information-for-staff.aspx)?\*  *Please provide brief comment on how the proposed nominee meets the Module EE criteria. To be used alongside nominee’s CV.* |
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| **Section 4 – Conflict of Interest**  *The University’s* [*Restrictions of Appointment categories*](https://www.canterbury.ac.uk/quality-and-standards-office/external-examiners/information-for-staff.aspx) *can be found on the QSO website* | | |
| Do any of the categories listed in the restrictions of appointment section apply to this nominee?\* | Yes | No |
| If ‘Yes,’ please give details |  | |

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| **Section 5 - Fee calculation**  *More information on* [*External Examiner fee structure*](https://www.canterbury.ac.uk/quality-and-standards-office/external-examiners/information-for-staff.aspx) *can be found on the QSO website* | | |
| 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 visit details |  | |

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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\*** |  |
| Additional comments about nomination (if needed) | | | |

Please return completed form along with a copy of the candidates 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](mailto:external-examiners@canterbury.ac.uk) | **DATE\*** |  |