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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 reviewedY/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) |
| CourseCode\* | 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  | **DATE\*** |  |