**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 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 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: | Choose an item. |
| 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 COURSE(S) examined:** **N/A** | | | | | | |
| **SITS Course code** | **Course Title** | **Academic Calendar**  *Refer to* [*Academic Calendars*](https://www.canterbury.ac.uk/our-students/ug-current/academic-services/timetable-and-dates/university-dates-2023-24) | **Course Director** | **Campus/es**  *Full name & acronym of ALL campuses assigned to this EE* | **Collaborative partner/s**  *Full name & acronym*  *Or* ***N/A****)* | **Academic Link Tutor**  *(If none write* ***N/A****)* |
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| **CURRENT MODULES examined** **N/A** | | | | | | | | | |
| **SITS Module Code** | **Module Title** | **Level** | **Sample reviewed**  **Y /**  **N (level 0, 4)** | **Credits per module** | **Institutions per Module or N/A**  One institution per line | **Offerings\*** | **Total number of Credits** | **Type of change** | |
| **Remove module (Y/N)** | **Extend term (Y/N)** |
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**NOTE:**

* The nominee is expected to review samples of all modules where “Samples reviewed” is Yes in the table, usually for Levels 5, 6, 7.
* All levels of modules can be assigned to an External Examiner (including levels 0 and 4), to enable consultation.
* \*Number of Offerings of the Module in an Academic Year to be considered by the External Examiner.

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| **ADDITIONAL COURSE(S) examined:** **N/A** | | | | | | |
| **SITS Course code** | **Course Title** | **Academic Calendar**  *Refer to* [*Academic Calendars*](https://www.canterbury.ac.uk/our-students/ug-current/academic-services/timetable-and-dates/university-dates-2023-24) | **Course Director** | **Campus/es**  *Full name & acronym of ALL campuses assigned to this EE* | **Collaborative partner/s**  *Full name & acronym*  *Or* ***N/A****)* | **Academic Link Tutor**  *(If none write* ***N/A****)* |
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| **ADDITIONAL MODULES examined** | | | | | | | | |
| **SITS Module code** | **Module Title** | **Level** | **Sample reviewed**  **Y /**  **N (level 0, 4)** | **Credits per module** | **Institutions per Module or N/A**  *One institution per line* | **Offerings** | **Total number of Credits** | **Name of EE being replaced or N/A** |
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| **CURRENT SHORT COURSE(S) examined** **N/A** | | | | | | |
| **Short Course**  **Code** | **Short Course Title and Award** | **Duration** | **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** **N/A** | | | | | |
| **Short Course**  **Code** | **Short Course Title and Award** | **Duration** | **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** *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*  *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 modules where samples are not reviewed in this total i.e. levels 0 and 4)* |  |
| Number of short courses |  |
| Number of **half-days** attendance per year and site visit details.  ***Essential*** *partner or campus site visits are agreed with External Examiner as part of this role, if required.*  *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* |  |

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

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| Additional comments if required: N/A |

**For nominations of DClin External Examiner only:**

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| **DEAN OF GRADUATE COLLEGE PRINTED NAME** |  |  |  |
| **DEAN OF GRADUATE COLLEGE SIGNATURE** |  | **DATE** |  |

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| **CHAIR OF RESEARCH DEGREES SUBCOMMITTEE PRINTED NAME** |  |  |  |
| **CHAIR OF RESEARCH DEGREES SUBCOMMITTEE SIGNATURE** |  | **DATE** |  |

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| Additional comments if required: N/A |

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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** |  |