

Nomination for the Appointment of External Examiners for Undergraduate and Postgraduate Taught Programmes

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Please complete this form and email to externexaminers@ucc.ie

Note: only the dynamic PDF of the completed form accepted; scans or hard copies are not accepted

Nomination for the Appointment of External Examiner for Undergraduate and Postgraduate Taught Programmes

UCC Details

College ACE CB&L CACSSS CoMH CSEFS

School/Department

Outgoing External Examiner (if applicable)

UCC School/Department Administrative Contact Details

Full Name Tel Email

Proposed External Examiner Details

Title First name Surname

Position

Address for correspondence

Email Tel Mobile

Has the proposed External Examiner previous experience as an External Examiner in UCC within the last 5 academic years? Yes
 No

If yes, please state year(s) from - to

Programme Details

Subject Area

Programme Name(s) list all	Module Code(s) and Module Name (if the entire programme is not examined)	Year(s) of Study Examined
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>

Period of Appointment (Max 3 years) 2019-2020 2020-2021 2021-2022

Statement in Support of Nomination

This should include relevant experience of the proposed extern

(Max 500 Words)

Statement in Support of an Extension

*Only if the nomination is an application for the extension to an extern's term of appointment
(The maximum term including the extension is four years)*

(Max 250 Words)

There must be no conflicts of interest, whether personal, professional or commercial, that would undermine or be seen to undermine the independence of the proposed External Examiner and their role as an External Examiner. Normally, former UCC students and staff members can only be appointed as an External Examiner after a period of not less than ten academic years have passed since leaving the institution but in exceptional circumstances nominations of those with a 5-10 year gap will be considered.

Please tick to indicate that there is no conflict of interest

Approval of Nominators: (Print name and date)

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1. Head of School/Department

Print name:

Date:

2. Chair of External Examiner Sub Committee *(following submission of completed form to externexaminers@ucc.ie)*

Print name:

Date: