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# London Met Logo

# EER1 Subject Standards Board External Examiner Extension/Reallocation form

This form ***must*** be used to propose an extension or reallocation for a current External Examiner. The extension/reallocation ***must*** be proposed by or on behalf of the Head of School to the AQD, who will check, confirm and process the extension/reallocation. Please complete all sections, if any sub-section is not applicable indicate N/A.

*NB: Please delete any guidance text before submitting the form for approval.*

**To be completed by Course/Module Leader. This form must be signed by the Dean of School/Chair of School LTQC and the External Examiner before being submitted to AQD.**

***Please return completed forms to externalexaminer@londonmet.ac.uk***

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| **Title of Proposed Examiner** | [ ]  Mr [ ]  Mrs [ ]  Ms [ ]  Miss [ ]  Dr [ ]  Prof |
| **Full Name of Proposed Examiner** |  |
| **Present/Last post** | Employer:Post:Dates: |
| **Address for correspondence** |  |
| **Phone** |  |
| **Email** |  |
| **Current External Examiner appointments** | For a university or other body, with names of institutions, course titles and dates of tenure. |
| **Extensions** | Current dates of tenure:From: (Month, year)To: (Month, year)Period of proposed extension:From: (Month, year)To: (Month, year) |
| **Reallocation of duties (courses)** | (Indicate with an asterisk \* any for which the examiner is to cease to have responsibility)Current course(s) with award titles: [Insert course with award title/Partner name if collaborative here]Additional course(s) with award titles:[Insert course with award title/Partner name if collaborative here] |
| **Reallocation of duties****(modules)** | (Indicate with an asterisk \* any for which the examiner is to cease to have responsibility)Current module(s): [Insert module code/Module title/Approximate student numbers here]Additional module(s):[Insert module code/Module title/Approximate student numbers here] |
| **Rationale for proposal** | Provide reasons for extension/reallocation of duties |
| **Approval** | By the Dean of School (or on behalf of the proposing Dean of School):Name:Signed:Date: |
| **Current External Examiner Approval** | I confirm that I have been consulted on the above proposed reallocation and agree to the reallocation of duties:Name:Signed:Date: |