**Ollscoil Mhá Nuad**



**Maynooth University**

**APPOINTMENT OF EXTERNAL SUPERVISORS**

Please fill in the following details and return to Vivienne Murray in the Deans’ Office by email: Deans.Office@mu.ie for approval by the relevant Faculty Meeting.

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| --- | --- |
| Student Name: |  |
| Student Number: |  |
| Department: |  |
| Internal Supervisor: |  |
| External Supervisor |  |

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| Name and Address of External Supervisor’s Institute/Company: |

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| Please outline here the rationale for this appointment. You may also wish to outline any arrangements (*time, meetings*) which are relevant to this appointment (*noting that this role is not remunerated*).  |
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| **Signed:** | Head of Department: |  |
|  | Supervisor:  |  |
|  | Date:  |  |