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| ***Maynooth-University-Logo_CMYK_AW*** | **Ollscoil Mhá Nuad****Maynooth University** |

**Form EE Appoint**

Version 14 June 2019

**Appointment of an External Examiner for a subject or programme**

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| --- | --- |
| **Faculty** |  |
| **Department** |  |
| **Head of Department** |  |
| **Head of Department email** |  |
| **Department administrative contact** |  |
| **Department administrative contact email** |  |

**Programme/subjects to be examined**

(Please list titles and codes exactly as they appear on the Academic Database, available via Course Finder, click ‘For staff’ on the Maynooth University website)

|  |  |
| --- | --- |
| **Title** **and code** | **New / Existing programme** |
|  | New / Existing |
|  | New / Existing |
|  | New / Existing |
|  | New / Existing |

**Proposed External Examiner**

|  |  |
| --- | --- |
| **Name** |  |
| **Institution** |  |
| **Email** |  |
| **Phone number** |  |
| **Postal address** |  |
| **Specific academic years for which the person will be appointed, (**maximum of three academic years permitted).**Notes:** 1. An external examiner can serve a three-year term. This can be renewed only once, giving a maximum of six years.
2. An interval of at least five years should elapse before any further reappointment.
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| **20\_\_ / 20\_\_** |
| **20\_\_ / 20\_\_** |
| **20\_\_ / 20\_\_** |

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| **Please indicate if a new appointment or an extension of existing appointment.** | New appointment |  | Extension of appointment |  |

**Declarations**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| The proposed examiner is employed in an academic position in an institution of higher education. |  |  |
| The proposed examiner holds a doctoral qualification in a relevant discipline. |  |  |
| The proposed appointment will not bring to total duration of appointment to more than six years. |  |  |
| The proposed examiner does not have any connections or relationships with the Department which might be construed as a conflict of interest. |  |  |

If the answer to any of the above is N**o**, please provide additional information below:

I believe that this person is a suitable external examiner for the programme(s) above and I am recommending him/her to Faculty for appointment:

|  |  |
| --- | --- |
| **Head of Department Signature:** Name may be typed if sent by email from the relevant person |  |
| **Date** |  |

Please return this form to the Deans Office, at least 10 days in advance of the relevant Faculty meeting.

**deans.office@mu.ie**