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| **External Examiners for Taught Programmes: Extension to appointment** |

*The completed form should be sent to* [*external.examiners@soton.ac.uk*](mailto:external.examiners@soton.ac.uk)

Please complete this form if an extension to the external examiner’s period of appointment is now sought. Please refer to the *External Examiner Procedures* for more information regarding extension to appointment.

**Faculty:**

**School:**

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| **PART I - To be completed by the External Examiner** |

| **1. Details of external examiner** | | | |
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| Title: | Surname: | Forename(s): | |
| Home institution, including department (if changed): | | | |
| Correspondence address (if changed): | | | |
| Email address (if changed): | | | |
| **2. Conflict of Interests**  *Please delete as applicable below to confirm there continues to be no conflicts of interest, which may preclude your appointment being extended as external examiner at the University of Southampton.* | | | | |
| Are you a current employee of the University of Southampton or one of its collaborative partners? | | | Yes/No | |
| Are you a member of the governing body or other committee of the University of Southampton or one of its collaborative partners? | | | Yes/No | |
| Do you have a close professional, contractual or personal relationship with any member of staff or student involved with the programme? | | | Yes/No | |
| Are you required to assess colleagues who are recruited as students to the programme? | | | Yes/No | |
| Will you be in a position to influence significantly the future of students on the programme? | | | Yes/No | |
| Do you have or have you had in the last 3 years any substantive collaborative research activities with members of staff at the University of Southampton (such as joint, funded research contracts, co-authored publications)? | | | Yes/No | |
| If Yes please provide details, including names of staff members: | | | | |
| If you are aware of any other association with the University of Southampton which could give rise to a conflict of interest please give details: | | | | |

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| PART II - To be completed by the Programme Lead or Director of Programmes |
| 3. Duration of appointment and proposed period of extension  *The maximum period of office in total is four years.*  *Where a programme has closed and an external examiner is required for one further year only, a case may be made for an appointment to be extended to an absolute maximum of five years. Such extensions require the approval of the Chair of AQSC. In such exceptional cases this form should be completed and accompanied by a memorandum from the Deputy Head of School (Education) explaining why the extension is required.* |
| Period external examiner has served: from: to:  Extension requested until: |
| 4. Reciprocity and other conflicts of interest *Confirmation that no reciprocal external examiner relationship will result from the extension of this appointment (i.e. no members of the School currently act as external examiner in the appointee’s own disciplinary area) and that there are no other* *conflicts of interest.* |
| **Signed by the Programme Lead or Director of Programmes:**  *(Electronic signature accepted)*  Date: |

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| PART III - To be completed on behalf of the School Programmes Committee (SPC) by the Deputy Head of School (Education) | |
| The extension of appointment is endorsed by the School | Yes/No |
| Comments or conditions: | |
| **Signed by the Deputy Head of School (Education)/Chair of SPC:**  *(Electronic signature accepted)*  Date: | |