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| **External Examiners for Taught Programmes: Termination of appointment** |

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

Please complete this form if the termination of an external examiner’s current appointment is recommended. Please refer to the *External Examiner Procedures* for more information regarding termination of an appointment.

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| --- | --- |
| External examiner name |  |
| Faculty |  |
| School |  |
| Discipline/Programmes affected |  |

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| **Termination instigated by:** | | **School** |  | | **External Examiner** | | | |  | |
|  | | | | | | | | | | |
| **As a result of:** | | | | | | | | | | |
| Conflict of interest arising during the term of office | | | | | | | | |  | |
| A serious breach by the external examiner of the terms of their appointment (for example, failure to attend the Board of Examiners without arranging alternative means to input to the meeting, failure to submit an annual report in time) | | | | | | | | |  | |
| Failure to engage with the procedures for the appointment of the external examiner | | | | | | | | |  | |
| Withdrawal of, or non-recruitment to, the programmes | | | | | | | | |  | |
| Where only a full, not interim, external examiner can be appointed as a result of a request from the external examiner for an interruption in their term of office. | | | | | | | | |  | |
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| **Overview of the reason for the termination** *(please give details as to why this external examiner’s appointment will be terminated. This will be discussed in the letter they receive terminating their appointment).* | | | | | | | | | | |
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| **Is the external examiner aware that their appointment will be terminated?** | | | | | | **Yes** | |  | **No** |  |
|  | | | | | | | | | | |
| **Termination is usually immediate. If there are reasons why this termination should not be made with immediate effect, please give details:** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Recommendation** | | | | | | | | | | |
| **As Dean of the Faculty, under the delegated powers of the Senate, I recommend the termination of this external examiner’s appointment** | | | | | | | | | | |
| **Signed** |  | | | **Date** | | |  | | | |
| **Approval by the President and Vice-Chancellor** | | | | | | | | | | |
| **Signed** |  | | | **Date** | | |  | | | |