

**DUBLIN CITY UNIVERSITY OVPAA (REGISTRAR)**

**APPOINTMENT OF EXTERNAL EXAMINER**

**The template *Curriculum Vitae* accompanying this form must also be completed. Please do not attach any other form of CV, as it will not be considered.**

|  |  |
| --- | --- |
| 1. ***Full name and title of nominee***
 |  |
| 1. ***Home institution of nominee***
 |  |
| 1. ***What examiner is the nominee intended to replace?***
 |  |
| 1. **What is the home institution of the outgoing external examiner?**
 |  |
| 1. **Module Allocation**

**Please tick as appropriate if the nominee is to be appointed as an external examiner for a programme or for individual modules:** **Programme Examiner Module Examiner****In the case of a Programme Examiner, please** 1. **provide the name (s) of relevant programme (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **provide the average number of modules to be examined per year. This information is required for the calculation of the annual fee provided to the external examiner:**

 **: average number of modules****In the case of a Module Examiner:****List the undergraduate module codes which will be examined: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****List the postgraduate module codes which will be examined:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(The two lists are required for annual fee calculation purposes, as different fees apply to undergraduate and postgraduate modules) |

|  |  |
| --- | --- |
| ***6. Appointment Period:*** | **The standard appointment period is four academic years. If a shorter period is requested, please state this and the reason.**Year 1: 20\_\_ to 20\_\_Year 2: 20\_\_ to 20\_\_Year 3: 20\_\_ to 20\_\_Year 4: 20\_\_ to 20\_\_ |
| ***7. Faculty:1*** | ***7. School:2*** |
| ***8. Name of proposer*** *(if not Head of School) (print name):* |
| ***FOR COMPLETION BY THE EXTERNAL EXAMINER ADMINISTRATOR IN OVPAA (Registrar)******Previous experience of external examining in DCU or its linked colleges.******Yes*** ***No*** ***If yes, please provide details:*** |

**The above named External Examiner is herewith proposed for appointment for the examining duties listed above, and the nomination involves no contravention of the regulations at** <http://www.dcu.ie/sites/default/files/ovpli/Taught%20Programmes_Modules_External%20Examiners_Regulations_Guidelines.pdf>

**Name of proposer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(if not Head of School)*

**Signature: Date:**

*Head of School*

*N.B. On completion, this form should be returned to Valerie Cooke, Office of the Vice-President Academic Affairs (Registrar), at least two weeks in advance of the scheduled meeting of the University Standards Committee (USC). See Schedule of Meetings at*

<http://www.dcu.ie/sites/default/files/ovpaa/university_schedule_of_meetings_2017-2018.pdf>

1 Or appropriate equivalent.

2 Or appropriate equivalent

**Outline *Curriculum Vitae* for Nominated External Examiners**

|  |  |
| --- | --- |
| ***Title*** |  |
| ***First name*** |  |
| ***Surname*** |  |
| ***Current position in home institution*** |  |

|  |
| --- |
| **CONTACT DETAILS** |
| ***Home institution*** |  |
| ***Contact address*** |  |
| ***Mobile Telephone number****(for access to online**examiner system)* |  |
| ***E-mail*** |  |
| ***Webpage*** |  |

|  |  |
| --- | --- |
| ***Academic and******professional qualifications*** |  |
| ***Principal research******Interests*** |  |

|  |
| --- |
| ***Five publications of particular relevance to the area(s) to be examined:****(Full citation / date of publication required)* |
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |

***Does the nominee have previous or current external examining experience?***

Yes  No 

If yes, give details, including the name(s) of the relevant institution(s).

**Does the nominee have previous or current experience in teaching/programme design/programme management in higher education?**

Yes  No 

If yes, give details, including the name(s) of the relevant institution(s).

*N.B. On completion, this form should be returned to Valerie Cooke, Office of the Vice-President Academic Affairs (Registrar), at least two weeks in advance of the scheduled meeting of the University Standards Committee (USC). See Schedule of Meetings at*

<http://www.dcu.ie/sites/default/files/ovpaa/university_schedule_of_meetings_2017-2018.pdf>

***Guidelines for Completion:***

1. *The nomination form and outline CV should be* ***typed*** *and returned to* ***Valerie Cooke, Office of the Vice-President Academic Affairs (Registrar)*** *a*  ***minimum of two weeks*** *in advance* *of the University Standards Committee meeting (see Schedule* *of* *Meetings* at: www4.dcu.ie/sites/default/files/ovpaa/University%20Schedule%20of%20Meetings%2020162017.pdf

*2.* *Please complete sections* ***1 – 8*** *and the outline* ***CV*** *in full.*

3. *Please ensure that the form is signed by the Head of School.*

**For Office Use**

**Base Fee:**

**Module Allocation**

**Number of Undergraduate Module(s): Number of Postgraduate Module(s):**

**Total Annual Fee:**

**Date Appointment Approved:**

**Date Appointment Letter Issued:**