**Ollscoil Mhá Nuad**

**Maynooth University**

Oifig Scrúduithe Subject Examiner Appointment Form

Examinations Office Version: v1.4 21/12/2023

**Appointment of an External Examiner for a Programme/Subject**

The Academic Council Office manages documentation for Faculty. Please return this form by email to [academic.council@mu.ie](mailto:academic.council@mu.ie) at least 10 days in advance of the relevant Faculty meeting.

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

**Programme/subjects to be examined:**

*When giving the programme name and code please use the name and code (as per* [***Course Finder***](http://apps.maynoothuniversity.ie/courses/?TARGET=CS&MODE=SEARCH)*). Please list each programme individually rather than e.g. “All UG programmes”.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Qualification Title** **and code**  *(e.g., Bachelor of Arts (ARTS)* | **CAO/PAC**  **Code**  *(e.g., MH101)* | **Subject/Discipline area(s) for this appointment**  *(e.g., Sociology)* | **New / Existing programme**  *(Please specify)* | **Undergraduate / Postgraduate** *(Please specify)* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**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)  The appointment term must match the academic years of the programme(s) to be examined. Care needed for programmes ratified at Sept–Nov Exam Boards.  **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. | **20\_\_\_/ 20\_\_\_\_**  **20\_\_\_/ 20\_\_\_\_**  **20\_\_\_/ 20\_\_\_\_** |

**Please indicate the type of appointment:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| New appointment |  | Extension of appointment |  | | Replacement of appointment |  |
| ***If replacement of an External Examiner for a Programme/Subject:*** | | | | | | |
| **Name of Current External Examiner:**  *(Examiner that was previously appointed)* | | | |  | | |

**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 No, 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:** |  |