

12.4

EXTERNAL EXAMINER EXTENSION FORM

Cardiff Metropolitan University

Request for an Extension of Appointment of External Examiner

SECTION A – External Examiner Re-Nominated

EXTERNAL EXAMINER	
PROGRAMME	
SCHOOL	
YEAR OF APPOINTMENT	
PROPOSED YEAR OF EXTENSION	

SECTION B – Justification for Extension

--

SECTION C – Internal Authorisation (please note that **both** signatures are required)

Dean of School:

Name.....

Signature.....

Programme Director:

Name.....

Signature.....

This form should be forwarded at least two months before the proposed extension date of the External Examiner to:

Quality Enhancement Directorate
Llandaff Campus
ged@cardiffmet.ac.uk

This section is for use by the Working Group for the Appointment of External Examiners

Authorisation for Extension of Tenure of External Examiner

Countersigned on committee's behalf by:

Signature Date