|  |
| --- |
| **EXTERNAL EXAMINER APPOINTMENT EXTENSION REQUEST** |
| Please complete this form to apply for an extension for an existing External Examiner’s contract, up to a **maximum of five years**.If you have any questions or would like further information, guidance and support, please visit [Academic Quality Services](http://qualityservices.swansea.ac.uk/?page_id=356) or contact academicprogrammes@swansea.ac.uk. Please return this form to: Externalexaminers@swansea.ac.uk |
| **GENERAL INFORMATION** |
| **College/School:** |  |
| **Full programme title:** |  |
| **Module (s):** |  |
| **External Examiner name:** |  |
| **Address for correspondence:** |  |
| **Email address:** |  |
| **Contact number:** |  |
| **Has the External Examiner agreed to the extension request?**  |  |
| **EXTENSION REQUEST INFORMATION** |
| **Current tenure agreed:**  |  |
| **Current academic sessions agreed:** |  |
| **Number of years of proposed extension :** |  |
| **Period of proposed extension:** |  |

|  |
| --- |
| **AUTHORISATION AND APPROVAL** |
| **Requested by:** |  | **Date:** |
| **Head of College/School Approved:** |  | **Date:** |
| **Chair of Progression & Award Board Approved:** |  | **Date:** |
| **Extension implemented by Academic Quality Services:** |  | **Date:** |