



UNIVERSITY OF LIMERICK  
OLLSCOIL LUIMNIGH

External Examiner Nomination Form

The purpose of this form is to advise the Registrar's Office of nominations of all new externs for the present (and subsequent) academic years. These nominations are to be presented to Academic Council for consideration and appointment. Completed forms must be returned to: **Cate Horan, Office of the President.**

1. External Examiner Personal Details

Name: <i>(Please Print)</i>	
Current Post Description:	
Relevant Qualifications as External Examiner:	
Affiliation :	
Association of Nominee with UL <sup>1</sup> : <i>(Provide details of any previous appointment as External Examiner in UL or any other substantive collaboration with department or staff delivering this programme).</i>	
Contact Address:	
Contact Phone Number:	
Contact Fax Number:	
E-mail Address: <i>(compulsory)</i>	

2. Appointment Period *(4 years maximum)*

Commencement Academic Year	Duration of Appointment	
20__ / 20__	4 Years <input type="checkbox"/>	Other <i>(please specify)</i> <input type="text"/>

3. Discipline Areas *(Please specify programme title if appointment is to cover entire programme, or programme and discipline area if appointment is to specific discipline areas of the programme)*

Academic Programme(s)	Discipline Area(s)

<sup>1</sup> External Examiners to taught programmes should not be re-appointed on a consecutive basis.  
QSU External Examiner Nomination Form (Rev5).docx


4. Please specify the Exam Board at which students will normally be considered: *(This allows us to request an External Examiner report from the Examiner at the appropriate time.)*

Summer

Winter

4. Faculty

Department

5. Signatures of Approval

Department Head:	Date:
Dean:	Date: