

**Application to Terminate the Engagement of an External Examiner**

**This form must be completed by the nominating school / programme team, and not by the External Examiner.**

**SECTION 1: DETAILS OF THE EXTERNAL EXAMINER’S CURRENT ENGAGEMENT:**

|  |  |
| --- | --- |
| **1.1** | **External Examiner details** |
| **Title:** |  |
| **Forename(s):** |  |
| **Surname:** |  |
| **Current post and place of work** (if retired or not currently in permanent employment, please indicate last post, with dates) |  |

|  |  |
| --- | --- |
| **1.2** | **Please confirm all programmes with which are allocated to this External Examiner:** |
| **Programme code** | **Programme Award** | **Programme Title** | **Programme School** | **Programme Faculty** | **Collaborative Partner (if applicable)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

*(Please add rows as necessary)*

**SECTION 2. DETAILS OF TERMINATION OF ENGAGEMENT**

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| --- | --- |
| **2.1** | **Please indicate the start/end dates for the External Examiner’s *current* period ofengagement:** |
| **Start:** | [MM/YYYY] |
| **End:** | [MM/YYYY] |

|  |  |
| --- | --- |
| **2.2** | **Please state the proposed date for termination of engagement:** |
| [MM/YYYY] |

|  |  |
| --- | --- |
| **2.3** | **Please provide a rationale for the proposed termination of engagement:***Please refer to the guidance provided in the ‘Guidance for External Examining’ document,* [*here.*](https://www.ljmu.ac.uk/academic-registry/staff/quality-and-standards/external-examining) |
|  |

|  |  |
| --- | --- |
| **2.4** | **Coverage of affected provision** |
| **Has a suitable replacement External Examiner been identified?**  |
| **Yes** | **No** |
| [ ]  | [ ]  |
| **Has a nomination form for the proposed replacement been submitted alongside this application?**  |
| **Yes** | **No** |
| [ ]  | [ ]  |
| **If the answer is ‘No’ to either of these questions, please provide a written explanation here:**  |
|  |

**SECTION 3: DECLARATION FROM LIVERPOOL JOHN MOORES UNIVERSITY SCHOOL**

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| **The School confirms that:** * **This Termination of Engagement form has been completed fully, accurately, and all of the responses above are correct.**
* **If applicable, the relevant representative from the collaborative partner has been consulted fully, and supports the termination of this External Examiner’s engagement**
 |
| **PROGRAMME LEADER SIGN OFF** |
| **Programme Leader (name):** |  |
| **Date endorsed:**  |  |
| **LINK TUTOR (or nominee) SIGN OFF** *[for collaborative programmes only]* |
| **Link Tutor (name):** |  |
| **Date endorsed:**  |  |
| **DIRECTOR OF SCHOOL SIGN OFF** |
| **Director of School (name):** |  |
| **Date endorsed:**  |  |

**SECTION 4: CONFIRMATION OF APPROVAL BY EXTERNAL EXAMINER PANEL:**

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| **Date of approval by External Examiner Panel:** |  |