

**OPEN UNIVERSITY VALIDATION PARTNERSHIPS (OUVP)**

**F5B**

**Application for the appointment of an external examiner for a taught programme**

This form should be used to propose new external examiner appointments (form F5D should be used to propose extensions of appointment and the reallocation of duties between approved external examiners). The completed form should be returned to the relevant Senior Quality & Partnerships Manager, c/o Validation Partnerships, The Open University, Walton Hall, Milton Keynes, MK7 6AA, UK **along with an up-to-date copy of the proposed external examiner’s CV**, not less than six months before the intended start of the period of tenure. Please complete all sections, including all sections of Part II. If a section is not applicable, please write N/A.

APPLICATION IN RESPECT OF CANDIDATE:

**Title Initials Forenames Surname**

**Contact Address:**

**Postcode:**

**Phone:**

**Email:**

Part 1 Details of programme and institution

1 Name of institution

2 Details of programme

Award(s)/ approved title (if any)/ mode of attendance/ length of programme (years and terms)

3 Subject(s) to be examined

Assessments for which examiner will have particular responsibility with average student numbers where known

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4 Proposed period of tenure

External examiners should normally be associated with four outputs from the programme, starting one term before the first output and finishing one term after the last output with which they are associated (normally Jan-Dec).

From (month) (year) to (month) (year)

5 Examiner to be replaced

Complete if a new examiner is taking up appointment on the retirement of a predecessor

Name Position

Place of Work

Appointed from (month) (year) to (month) (year)

6 External examiner team

Give details of other proposed/approved external examiners (name, place of work, area of responsibility and dates of appointment) using a supplementary sheet if necessary. Examiners not yet approved by OUVP should be clearly marked\*

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7 Tiered schemes

If a tiered examination scheme has been approved, indicate proposed examiner's place in the structure and which meetings examiner will be required to attend

**Part II Details of proposed examiner**

8 Name

Surname Title

Forename(s)

9 Higher education

College(s)/university/ies attended Qualifications gained, with dates

Part II Details of proposed examiner continued

10 Present Post

If retired please indicate, and give last post with dates and home address

Present/last position

Present/last place of work

Address for correspondence

Email

Telephone number

11 Employment

Employer Post(s) with dates

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12 Professional qualifications

Professional body Qualifications/status of membership, with dates

13 Current external examiner appointments for OUVP, a university or other body, with dates. If the proposal will lead to a total of more than two external examiner appointments for taught programmes/modules concurrently, please give reasons in support of the proposal in a covering letter. Details should include names of institutions, programme titles, level and dates of appointment

Part II Details of proposed examinercontinued

14 Experience as external examinerover last five years, with names of institutions(s), programme titles and level, and dates of appointment

15 Other relevant experienceas internal examiner or in other capacity over last five years, with names of institutions where appropriate, programme titles and level, and dates

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16 Research and related scholarly/professional activity/consultancy

Give brief account of main activities with particular reference to last five years and list major publications (books, articles in refereed academic or professional journals), with dates

Part II Details of proposed examiner continued

17 Teaching experience

Give brief account of main areas of teaching responsibilities (if any) over last five years

18 Any current/ previous associationwith institution/programme/individual staff/students; with dates

Part III Authorisation

19Signed: on behalf of Academic Board or other

relevant Academic Authority

Name:

Position:

Address:

Date: