

**OPEN UNIVERSITY VALIDATION PARTNERSHIPS F5D**

# Application for an extension of appointment, additional duties or a reallocation of duties between approved external examiners for a taught programme

This form should be used for the extension of appointment, additional duties or a reallocation of duties between approved external examiners. Institutions are reminded that no extension leading to a period of service of more than five consecutive years will be accepted.

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, at least **three** months before the date of the first assessments from which the application will take effect. Please complete all sections. If a section is not applicable, please write N/A.

**Part 1 Details of proposal**

1 Name of institution

2 Details of programme

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

3 Details of examiner

Surname Title

Forename(s)

Qualifications

1. 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 address

Telephone number

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1. Current external examiner appointments

E.g. for OUVP, a university or other body, with dates. Details should include names of institutions, programme titles, level and dates of appointment

6 Extensions

*Current dates of appointment*

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

*Period of proposed extension*

From to

7 Additional or reallocation of duties

*Subjects currently being examined* Assessment for which external examiner currently has particular responsibility, with average student numbers where known

*Additional/Reallocation* Assessments for which external examiner is to have responsibility, with average student numbers where known

Part II Rationale for proposal please continue on a separate sheet where necessary

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Part III Authorisation

Signed on behalf of the Academic Board, or other relevant academic authority:

Name:

Position:

Date:

Address: