|  |
| --- |
| **EXTERNAL EXAMINER: APPLICATION FOR TERMINATION** TO BE COMPLETED BY HEAD OF DEPARTMENT |

|  |
| --- |
| **Part 1 – External Examiner Details** |
| * 1. **Name of External Examiner**
 |
| **Title** |  | **Forename(s)** |  | **Surname** |  |
| * 1. **Position**
 |  |
| * 1. **Institution**
 |  |
| * 1. **External Examiner Duties:**
 |
| * 1. **Programme(s)**
 |  |
| * 1. **Module(s)**
 |  |
| * 1. **Location(s)**
 |  |
| * 1. **Term of Office:**
 | **From** | 20XX/XX | **To** | 20XX/XX |

|  |
| --- |
| **Part 2 - Rationale for Termination** |
| **2.1 Please indicate the reason for early termination.** |
| 1. Serious illness.
 |[ ]
| 1. Resignation of the external examiner concerned (it is expected that, other than in cases of serious illness, the external examiner will fulfil all remaining commitments relating to the current academic assessment cycle, in order to allow adequate time to find a suitable replacement).
 |[ ]
| 1. Changes in programme structure which render the appointment no longer applicable.
 |[ ]
| 1. Non-fulfilment of external examiner duties (in particular, the failure to attend examination boards where attendance is required without making alternative arrangements, the failure to submit reports, or the provision of incomplete reports).
 |[ ]
| 1. Unprofessional conduct.
 |[ ]
| 1. Irretrievable breakdown of the relationship with the departmental teaching team such as to disadvantage students on the course.
 |[ ]
| 1. A change in an external examiner’s eligibility to work in the UK.
 |[ ]
| 1. Other reason, not listed above.
 |[ ]

|  |
| --- |
| * 1. **Please provide a brief supporting statement for the rationale for the early termination of the external examiner.**
 |
|  |

|  |
| --- |
| **Part 3 - Departmental Approval** |
| *I confirm that the external examiner has been in breach of their contract as written in the Manual of Academic Regulations and Procedures and recommend their immediate termination.* |
| **Signature** |  | **Date** |  |

|  |  |  |  |
| --- | --- | --- | --- |
|   | **Head of Department** |  |   |

|  |  |
| --- | --- |
| **Department of:** |  |

|  |
| --- |
| **Part 4: Institutional Approval** |
| *I confirm that the external examiner has been in breach of their contract as written in the Manual of Academic Regulations and Procedures and approve their immediate termination.* |
| **Signature** |  | **Date** |  |
| **University Academic Dean** |  |

|  |
| --- |
| **PLEASE RETURN THIS FORM TO** **externalexaminers@lancaster.ac.uk** |