

EXTERNAL EXAMINER NOMINATION

E 2

[To be forwarded by Assistant Head of School, through Head of School, to Academic Board]

FOR ACADEMIC YEARS _____, _____, _____, _____

*Note: External Examiners shall normally be appointed by the University for a period of three years or **for a period corresponding to the full cycle of the programme**, whichever is the greater. In exceptional circumstances the appointment may be extended by one further year. (DIT General Assessment Regulations, Section 9.2.2)*

Part 1 Details of Programme

Code and title _____

Part 2 Details of External Examiner

Name: _____

Academic/
Professional Qualifications: _____

Position: _____

Work Address: _____

Telephone No: _____

Email: _____

Summary of relevant experience: _____

Replacement for: _____

Part 2 (continued)

Subject(s)/module(s) and years of programme to be examined _____

Period for which examiner is to serve: _____

Other details: _____

In relation to the General Data Protection Regulation (GDPR) 2016, Academic Affairs' Privacy Notice is available at: <http://www.dit.ie/qualityassuranceandacademicprogrammerecords/gdpr/>

I understand that the above information and personal data are being submitted to the relevant University Committees for the purpose of approving my appointment. I understand that the above personal data will also be shared with the Quality Assurance Office and School Administrator for administration purposes. I understand that nomination forms will be retained on file in electronic and/or hard copy format by Colleges for 1 year, following which they will be confidentially destroyed.

Signed _____
External Examiner Nominee

Signature	_____	_____
	Assistant Head of School	Date
Signature	_____	_____
	Head of School	Date
Signature	_____	_____
	College Director/Dean	Date